

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08128 (3)
1. Corporation Name
HIDDEN LAKE OWNERS' ASSOCIATION, INC.



Principal Place of Business 7304 NW 21ST WAY GAINESVILLE FL 32653	Mailing Address 7304 NW 21ST WAY GAINESVILLE FL 32653-0918
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3. Date Incorporated or Qualified 03/13/1985	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-2698301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RIDDLE, PATRICIA L.
7321 NW 21ST WAY
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent
81 Name **KASNIC, MARTHA L.**
82 Street Address (P.O. Box Number is Not Acceptable) **7303 NW 21ST WAY**
83
84 City **GAINESVILLE** FL 85 Zip Code **32653**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Martha L. Kasnic* **MARTHA L. KASNIC / TREASURER 4/29/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIDDLE, PATRICIA	
STREET ADDRESS	7321 NW 21ST WAY	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WICKHAM, DAVID	
STREET ADDRESS	7314 NW 21ST CT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	KASNIC, MARTHA L	
STREET ADDRESS	7303 NW 21ST WAY	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, GAYLYNN	
STREET ADDRESS	2132 NW 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, JOHN	
STREET ADDRESS	2123 NW 72ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES ROBERT E.	
1.3 STREET ADDRESS	7322 NW 21ST CT.	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schultz, Richard	
2.3 STREET ADDRESS	2120 NW 74th PL.	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALKOWIAK, BERNICE R.	
4.3 STREET ADDRESS	2135 NW 72nd PL.	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SKIRVIN, KAREN A.	
5.3 STREET ADDRESS	7308 NW 21ST WAY	
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martha L. Kasnic* **MARTHA L. KASNIC 4/29/97 (352) 373-5060**

CR2E037 (9/96)