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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08128

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/13/1985

22 City & State

27 City & State

4. FEI Number
 59-2698301

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fees Required

24

25

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6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, ANNA LAURIE
 7319 NW 21ST COURT
 GAINESVILLE FL 32653

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Anna Laurie Hart

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D TR ASON	<input type="checkbox"/> DELETE
NAME	HART, ANNA LAURIE	
STREET ADDRESS	7319 NW 21ST COURT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	WATTS, CYNTHIA	
STREET ADDRESS	2128 NW 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D DIRECTOR	<input type="checkbox"/> DELETE
NAME	FORT, GUERIAN	
STREET ADDRESS	7234 NW 21ST WAY	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D SECRETARY	<input type="checkbox"/> DELETE
NAME	EDDINS, BARBARA	
STREET ADDRESS	2114 NW 72ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D PRESIDENT	<input type="checkbox"/> DELETE
NAME	BROWNETT, MARY L.	
STREET ADDRESS	7323 NW 21ST COURT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Mary L. Brownett, President 2/3/99 (352) 377-8345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Phone #

CR2E037 (1/1/98)