

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

800001762638
-03/29/96--01042--034
***\$1.25

DOCUMENT # N08590 (4)

1. Corporation Name

HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 692001
ORLANDO FL 32869-2001
US

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ORLANDO FL 32869-2001
US

3. Date Incorporated or Qualified 04/08/1985	3a. Date of Last Report 04/14/1995
4. FEI Number 59-3035323	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	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HEARST, ROBERT J~~
~~5167 HIDDEN SPRINGS BLVD.~~
~~ORLANDO FL 32819~~

81 Name	JOHN A. MacDONALD		
82 Street Address (P.O. Box Number is Not Acceptable)	5436 SPLIT PINE COURT		
83			
84 City	ORLANDO	85 State	FL
		86 Zip Code	32819-7112

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 John A. Mac Donald, **TREASURER** **12 FEB 96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE D PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARST, ROBERT J	1.2 NAME AMY KARNED
STREET ADDRESS	5167 HIDDEN SPRINGS BLVD.	1.3 STREET ADDRESS 5741 SAGO PALM DRIVE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP ORLANDO, FL 32819
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE D VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNOSKE, STEVEN	2.2 NAME ROSEANNE VEZZI
STREET ADDRESS	6024 PITCH PINE DRIVE	2.3 STREET ADDRESS 5922 PITCH PINE DRIVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP ORLANDO, FL 32819
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE D MACDONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JOHN A	3.2 NAME
STREET ADDRESS	5436 SPLIT PINE COURT	3.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP 32819-7112
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE D VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAL, WESLEY	4.2 NAME SARAH BRONOS
STREET ADDRESS	5525 SAGO PALM DRIVE	4.3 STREET ADDRESS 7718 WHITE ASH STREET
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP ORLANDO, FL 32819
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPERNY, JANICE	5.2 NAME
STREET ADDRESS	5609 PITCH PINE DRIVE	5.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP 32819
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John A. Mac Donald **12 FEB 96 (407)363-9613**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)