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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

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

3. Date Incorporated or Qualified
04/08/1985

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

59-3035323

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

Not Applicable
\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDONALD, JOHN A
5436 SPLIT PINE COURT
ORLANDO FL 32819-7112

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [] DELETE
NAME HARNED, AMY
STREET ADDRESS 5741 SAGO PALM DRIVE
CITY - ST - ZIP ORLANDO FL 32819

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VPD [] DELETE
NAME VEZZI, ROSEANNE
STREET ADDRESS 5922 PITCH PINE DRIVE
CITY - ST - ZIP ORLANDO FL 32819

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DT [] DELETE
NAME MACDONALD, JOHN A
STREET ADDRESS 5436 SPLIT PINE COURT
CITY - ST - ZIP ORLANDO FL 32819-7112

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE VPD [] DELETE
NAME BRONOS, SARAH
STREET ADDRESS 7718 WHITE ASH STREET
CITY - ST - ZIP ORLANDO FL 32819

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DS [] DELETE
NAME PAPERNY, JANICE
STREET ADDRESS 5809 PITCH PINE DRIVE
CITY - ST - ZIP ORLANDO FL 32819

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE [] Change [] 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: John A. MacDonald JOHN A. MACDONALD 6 JAN 97 (407)363-9613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018270

CFR2E037 (9/96)