

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N08590 (4)**  
1. Corporation Name

**HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business P.O. BOX 692001 ORLANDO FL 32869-2001 US	Mailing Address P.O. BOX 692001 ORLANDO FL 32869-2001 US
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22	27

3. Date Incorporated or Qualified <b>04/08/1985</b>
4. FEI Number <b>59-3035323</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

24 Zip	25 Country	29 Zip	30 Country
--------	------------	--------	------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	<b>Janet Conrad</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5939 Pitch Pine Dr</b>
83	<b>Orlando</b>
84 City	<b>FL</b>
85 Zip Code	<b>32819</b>

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 Janet M. Conrad (Treasurer) DATE 1-14-98

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARNED, AMY	1.2 NAME	Annette Hutchinson
STREET ADDRESS	5741 SAGO PALM DRIVE	1.3 STREET ADDRESS	5506 Cedar Pine Dr
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEZZI, ROSEANNE	2.2 NAME	Robert Cloward
STREET ADDRESS	5922 PITCH PINE DRIVE	2.3 STREET ADDRESS	4951 Caspian Court
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JOHN A	3.2 NAME	Janet Conrad
STREET ADDRESS	5436 SPLIT PINE COURT	3.3 STREET ADDRESS	5939 Pitch Pine Dr
CITY-ST-ZIP	ORLANDO FL 32819-7112	3.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONOS, SARAH	4.2 NAME	Darlene Whitaker
STREET ADDRESS	7718 WHITE ASH STREET	4.3 STREET ADDRESS	5931 Pitch Pine Dr
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input 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 32819	5.4 CITY-ST-ZIP	
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 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, on an attachment with an address.

**SIGNATURE:** Janet M. Conrad DATE 1-14-98 (407)363-1786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AGENT OR DIRECTOR

CFR2E037 (10/97)