

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16424 (6)
1. Corporation Name
HIDDEN OAK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 522093 LONGWOOD FL 32752-9093
P.O. BOX 522093 LONGWOOD FL 32752-9093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1986	3a. Date of Last Report 01/25/1994
4. FBI Number 59-2791646	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**PITINO, ROBERT
835 BUCKSAW PL
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
81 Name **MATTHEW G. EVEN**
82 Street Address (B.O. Box Number is Not Acceptable)
932 BUCKSAW PL
83
84 City **LONGWOOD** **FL** **85** Zip Code **32750**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE *[Signature]* **MATTHEW EVEN DIRECTOR** **4-25-95**
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 DP	PITINO, ROBERT
NAME	835 BUCKSAW PL
STREET ADDRESS	LONGWOOD FL
CITY-ST-ZIP	
TITLE DVP	CARRICO, JAMES
NAME	958 BUCKSAW PL
STREET ADDRESS	LONGWOOD FL
CITY-ST-ZIP	
TITLE DT	RERUCHA, JUDY
NAME	622 FLOME CT
STREET ADDRESS	LONGWOOD FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME RICK DECARLO	
1.3 STREET ADDRESS 1011 CROSS CUT WAY	
1.4 CITY-ST-ZIP LONGWOOD FL, 32750	
2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME LEONARD PALUMBO	
2.3 STREET ADDRESS 969 CROSS CUT WAY	
2.4 CITY-ST-ZIP LONGWOOD, FL 32750	
3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MATT EVEN	
3.3 STREET ADDRESS 932 BUCKSAW PLACE	
3.4 CITY-ST-ZIP LONGWOOD, FL, 32750	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 a 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 no appointment with an address.
SIGNATURE: *[Signature]* **MATTHEW EVEN** **4-25-95** **107 834** **6378**
Signature and typed or printed name of signing officer or director Date Daytime Phone #