

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/06/1986**
3a. Date of Last Report: **05/01/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|--|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | | 26 | | | 59-2791646 | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Country | | Country | | | |

| | | | | |
|---|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| EVEN, M ATTHEW G 932 BUCKSAW PLACE LONGWOOD FL 32750 | | 81 | Name | |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | | |
| | | 84 | City | FL |

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DECARLO, RICK | 1.2 NAME | |
| STREET ADDRESS | 1011 CROSS OUT WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALUMBO, LEONARDO | 2.2 NAME | |
| STREET ADDRESS | 969 CROSS CUT WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVEN, MATT | 3.2 NAME | |
| STREET ADDRESS | 932 BUCKSAW PLACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: *[Signature]* 3-12-96 407-834-6378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)