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Mar 06 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 # N16424 (6)
1. Corporation Name
HIDDEN OAK ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 522093 LONGWOOD FL 32752-2093

3. Date Incorporated or Qualified 08/06/1986
3a. Date of Last Report 03/20/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2791646 Applied For Not Applicable
21 Suite, Apt #, etc 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
EVEN, M ATTHEW G
932 BUCKSAW PLACE
LONGWOOD FL 32750
10. Name and Address of New Registered Agent
81 Name David L. Smith
82 Street Address (P.O. Box Number is Not Acceptable) 989 Bucksaw Place
83
84 City Longwood FL 85 Zip Code 32750

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 David L. Smith (NOTE: Registered Agent signature required when reinstating) DATE 2/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	DECARLO, RICK	1.2 NAME	Benjamin J. Bottom
STREET ADDRESS	1011 CROSS OUT WAY	1.3 STREET ADDRESS	527 Pinyon Ct.
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Longwood, FL. 32750
TITLE	DP	2.1 TITLE	DP
NAME	PALUMBO, LEONARDO	2.2 NAME	Jonathan M. Sargetn
STREET ADDRESS	969 CROSS CUT WAY	2.3 STREET ADDRESS	919 Bucksaw Place
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Longwood, FL. 32750
TITLE	DT	3.1 TITLE	DP
NAME	EVEN, MATT	3.2 NAME	Alfred H. Schreiber
STREET ADDRESS	932 BUCKSAW PLACE	3.3 STREET ADDRESS	1035 Cross Cut Way
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Longwood, FL. 32750
TITLE		4.1 TITLE	DT
NAME		4.2 NAME	David L. Smith
STREET ADDRESS		4.3 STREET ADDRESS	989 Bucksaw Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Longwood, FL. 32750
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: David L. Smith DATE: 2/28/97 DAYTIME PHONE: 407-824-2564

CR2E037 (9/96)