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04-09-1999 90026 027 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16424

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/06/1986

22 City & State

27 City & State

4. FEI Number
 59-2791646

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DAVID L.
 989 BUCKSAW PLACE
 LONGWOOD FL 32750

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

David L. Smith

4/5/99

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 DP DELETE
 NAME DECARLO, RICK
 STREET ADDRESS 1011 CROSSCUT WAY
 CITY-ST-ZIP LONGWOOD FL

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

TITLE DP DELETE
 NAME WATERMOLEN, DORIS
 STREET ADDRESS 1041 CROSS CUT WAY
 CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE DP DELETE
 NAME SARGENT, JONATHAN M
 STREET ADDRESS 919 BUCKSAW PLACE
 CITY-ST-ZIP LONGWOOD FL

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

TITLE DP DELETE
 NAME SCHREIBER, ALFRED H.
 STREET ADDRESS 1035 CROSS CUT WAY
 CITY-ST-ZIP LONGWOOD FL

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

TITLE DT DELETE
 NAME SMITH, DAVID L.
 STREET ADDRESS 989 BUCKSAW PLACE
 CITY-ST-ZIP LONGWOOD FL

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

TITLE DS DELETE
 NAME RERUCHA, JIM
 STREET ADDRESS 622 FLUME CT
 CITY-ST-ZIP LONGWOOD FL 32750

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Smith **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

407-660-8807

Date

Daytime Phone #

793

CR2E037 (11/98)