

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N20358** (0)  
1. Corporation Name  
**HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**556 RACHET DR., NE WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **04/28/1987** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2796446** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DAMONTE, JONATHAN JAMES**  
**FORTUNE SAVINGS BANK STE 206**  
**7800-113TH N**  
**SEMINOLE FL 34642**

10. Name and Address of New Registered Agent  
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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE **p resident**  
NAME **DOUGLAS, GLEN H**  
STREET ADDRESS **522 CENTURY DR**  
CITY-ST-ZIP **WINTER HAVEN FL**  
TITLE **Director**  
NAME **WHITTEMORE, ALBERT**  
STREET ADDRESS **720 CENTURY LANE**  
CITY-ST-ZIP **WINTER HAVEN FL**  
TITLE **Director**  
NAME **RUSSELL, PATRICIA**  
STREET ADDRESS **801 CENTURY DR**  
CITY-ST-ZIP **WINTER HAVEN FL**  
TITLE **Treasurer**  
NAME **TAPPER, WAYNE V.**  
STREET ADDRESS **667 CENTURY LANE**  
CITY-ST-ZIP **WINTER HAVEN FL**  
TITLE **Director**  
NAME **LYLE, ALLEN**  
STREET ADDRESS **520 CENTURY LANE**  
CITY-ST-ZIP **WINTER HAVEN FL**  
TITLE **Director**  
NAME **COOPER, PAUL**  
STREET ADDRESS **569 RACKET DR**  
CITY-ST-ZIP **WINTER HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME **Director**  
2.3 STREET ADDRESS **WHITTEMORE, ALBERT**  
2.4 CITY-ST-ZIP **720 Century Lane**  
**Winter Haven**  
3.1 TITLE  Change  Addition  
3.2 NAME **Secretary**  
3.3 STREET ADDRESS **FRAZIER, ELEANOR**  
3.4 CITY-ST-ZIP **910 BIRDIE CRT.**  
**Winter Haven, FL**  
4.1 TITLE  Change  Addition  
4.2 NAME **M.V.P. resident**  
4.3 STREET ADDRESS **WEAVER, CHARLES**  
4.4 CITY-ST-ZIP **823 BUNKER CR.**  
**WINTER HAVEN, FL**  
5.1 TITLE  Change  Addition  
5.2 NAME **LIWSKI, JACK DIRECTOR**  
5.3 STREET ADDRESS **525 BUNKER CIR.**  
5.4 CITY-ST-ZIP **WINTER HAVEN, FL**  
6.1 TITLE  Change  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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne V. Tapper 7-10-95 813-299-9026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Here)