

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



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

Mailing Address
**556 RACHET DR., NE
WINTER HAVEN FL 33881**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1987	3a. Date of Last Report 03/02/1995
21		26		4. FEI Number 59-2796446	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAMONTE, JONATHAN JAMES FORTUNE SAVINGS BANK STE 206 7800-113TH N SEMINOLE FL 34642				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, GLEN H		1.2 NAME	Lyle, Allen	
STREET ADDRESS	522 CENTURY DR		1.3 STREET ADDRESS	526 Century Drive	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELINEK, FRANK		2.2 NAME	Eleanor Frazier	
STREET ADDRESS	528 CENTURY DR		2.3 STREET ADDRESS	910 Birdie Ct.	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, Fl. 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME	RUMPLE, BILL		3.2 NAME		
STREET ADDRESS	832 SANDTRAP CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, CHARLES		4.2 NAME	Marilyn Cooley	
STREET ADDRESS	823 BUNKER CR		4.3 STREET ADDRESS	912 Birdie Ct.	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, Fl. 33881	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIWSKI, JACK		5.2 NAME	Wayne Tapper	
STREET ADDRESS	525 BUNKER CIRCLE		5.3 STREET ADDRESS	667 Century Lane	
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	Winter Haven, Fl. 33881	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, PAUL		6.2 NAME	Al Whittemore	
STREET ADDRESS	569 RACKET DR		6.3 STREET ADDRESS	720 Century Lane	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	Winter Haven, Fl. 33881	

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: Eleanor Frazier, Sec. *Eleanor Frazier* February 15, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)