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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/28/1987		
4. FEI Number 59-2796446	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

DAMONTE, JONATHAN JAMES
12110 SEMNOLE BLVD
7800-113TH N
LARGO FL 33778

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 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

TITLE director	<input type="checkbox"/> DELETE
NAME LYLE, ALLEN	
STREET ADDRESS 526 CENTURY DRIVE	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME ELEANOR FRAZIER	
STREET ADDRESS 910 BIRDIE CT.	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE T	<input type="checkbox"/> DELETE
NAME WAYNE TAPPER	
STREET ADDRESS 667 CENTURY LAND	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE director	<input type="checkbox"/> DELETE
NAME AL WHITEMORE	
STREET ADDRESS 720 CENTURY LANE	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BILL WAGNER	
STREET ADDRESS 573 CENTURY DR.	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE President	<input type="checkbox"/> DELETE
NAME JERRY WEIR	
STREET ADDRESS 802 BUNKER CR.	
CITY-ST-ZIP WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Mary Lou Stocker	
1.3 STREET ADDRESS 543 Century Dr.	
1.4 CITY-ST-ZIP Winter Haven, Fl. 33881	
2.1 TITLE vice-president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Don Locke	
2.3 STREET ADDRESS 506 Century Dr.	
2.4 CITY-ST-ZIP Winter Haven, Fl. 33881	
3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Al Whitten	
3.3 STREET ADDRESS 669 Century Lane	
3.4 CITY-ST-ZIP Winter Haven, Fl. 33881	
4.1 TITLE director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Edgar Frank	
4.3 STREET ADDRESS 795 Sandtrap Cr.	
4.4 CITY-ST-ZIP Winter Haven, Fl. 33881	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Wayne V. Tapper* Treasurer: **WAYNE V. TAPPER 2-17-98 941-289-9024**

CR2E037 (10/97)