


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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03-04-1999 90124 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20358

1. Corporation Name
HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 556 RACKET DR. NE WINTER HAVEN FL 33881	Mailing Address 556 RACKET DR. NE WINTER HAVEN FL 33881
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2. Principal Place of Business 21 556 Racket Dr, N.E. Suite, Apt. #, etc.	2a. Mailing Address 26 556 Racket Dr. N.E.	3. Date Incorporated or Qualified 04/28/1987
22 Winter Haven, FL City & State	27 Winter Haven, FL City & State	4. FEI Number 59-2796446
23 33881 USA Zip Country	28 33881 USA Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DAMONTE, JONATHAN JAMES 12110 SEMINOLE 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 85 Zip Code
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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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYLE, ALLEN	1.2 NAME	Phyllis R. Ciufo
STREET ADDRESS	526 CENTURY DRIVE	1.3 STREET ADDRESS	886 Bunker Circle
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	V-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOCKER, MARY LOU	2.2 NAME	Don Locke
STREET ADDRESS	543 CENTURY DR	2.3 STREET ADDRESS	506 Century Dr.
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE TAPPER	3.2 NAME	Dick Wahl
STREET ADDRESS	667 CENTURY LAND	3.3 STREET ADDRESS	836 Sandtrap Circle
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL WHITTEMORE	4.2 NAME	Ralph Wiepert
STREET ADDRESS	720 CENTURY LANE	4.3 STREET ADDRESS	746 Century Lane
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL WAGNER	5.2 NAME	D
STREET ADDRESS	573 CENTURY DR.	5.3 STREET ADDRESS	Al Whitten
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	669 Century Lane
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY WEIR	6.2 NAME	D
STREET ADDRESS	802 BUNKER CR.	6.3 STREET ADDRESS	Edgar Frank
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	795 Sandtrap Circle, Winter Haven, FL

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: MARY LOU STOCKER DATE: 2-15-99 (941) 293-5947 Daytime Phone #

CR2E037 (1198)