

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N27551 (3)**

1. Corporation Name

**THE HIDDEN CREEK ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**644 S. MILITARY TRAIL  
664 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442  
US****644 S. MILITARY TRAIL  
664 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442-3023  
US**3. Date Incorporated or Qualified  
**07/22/1988**3a. Date of Last Report  
**06/24/1996**

2. Principal Place of Business

2a. Mailing Address

**21 664 S. Military Trail****26 664 S. Military Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23 Deerfield Beach, FL****28 Deerfield Beach, FL**

Zip

Country

Zip

Country

**24 33442****25 US****29 33442****30 US**

4. FEI Number

**65-0100681**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOVALL, MICHAEL T  
664 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

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

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	PD	<input type="checkbox"/> DELETE
NAME	BLAKE, GERALD	
STREET ADDRESS	664 S MILITARY TRAIL	
CITY - ST - ZIP	DEERFIELD BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	FORRER, JOHN O.	
STREET ADDRESS	664 S	
CITY - ST - ZIP	DEERFIELD BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOVALL, MICHAEL T	
STREET ADDRESS	664 S	
CITY - ST - ZIP	DEERFIELD BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BRACKEN, CYNTHIA M	
STREET ADDRESS	664 S	
CITY - ST - ZIP	DEERFIELD BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 do 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: *CN Bracken* **CYNTHIA M. BRACKEN**

4/2/97

954/419-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042958

CR2E037 (9/96)