


FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **N27551** (3)

1. Corporation Name

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



Principal Place of Business <b>644 S. MILITARY TRAIL DEERFIELD BEACH FL 33442</b>	Mailing Address <b>6845 Navarre Pkwy Navarre, FL 32566</b>
--	---

3. Date Incorporated or Qualified <b>07/22/1988</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0100681</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>STOVALL, MICHAEL T 664 S. MILITARY TRAIL DEERFIELD BEACH FL 33442</b>	<b>Fleming, Edward</b>
---	------------------------

10. Name and Address of New Registered Agent <b>81 Name: Edward Fleming - Attorney at Law</b> <b>82 Street Address (P.O. Box Number is Not Acceptable): 4300 Bayou Blvd Suite 121B</b> <b>83 P.O. Box 30009</b> <b>84 City: Pensacola FL 85 Zip Code: 32503/1009</b>
--

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 **Edward P. Fleming, Esquire** DATE **4-29-98**

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>BLAKE, GERALD</b>
STREET ADDRESS <b>664 S MILITARY TRAIL</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>DV</b>	NAME <b>FORRER, JOHN O.</b>
STREET ADDRESS <b>664 S</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>STOVALL, MICHAEL T</b>
STREET ADDRESS <b>664 S</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>VTS</b>	NAME <b>BRACKEN, CYNTHIA M</b>
STREET ADDRESS <b>664 S</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	NAME <b>Mario Alberghini</b>
1.2 STREET ADDRESS <b>2640 Masters Blvd</b>	
1.3 CITY-ST-ZIP <b>Navarre FL 32566</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>VP</b>	NAME <b>Ken Reinecke</b>
2.2 STREET ADDRESS <b>2532 Austin Circle</b>	
2.3 CITY-ST-ZIP <b>Navarre FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>TR</b>	NAME <b>Harl Knack</b>
3.2 STREET ADDRESS <b>2726 P6A Blvd</b>	
3.3 CITY-ST-ZIP <b>Navarre, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>BOD</b>	NAME <b>George Nepton</b>
4.2 STREET ADDRESS <b>2589 3rd Cto</b>	
4.3 CITY-ST-ZIP <b>Navarre, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <b>BOD</b>	NAME <b>Mike Spall</b>
5.2 STREET ADDRESS <b>2791 Masters Blvd</b>	
5.3 CITY-ST-ZIP <b>Navarre, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	NAME
6.2 STREET ADDRESS	
6.3 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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 in an attachment with an address.

SIGNATURE **Edward P. Fleming** DATE **4/29/98**

CR2E037 (10/97)