

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 # **N29481** (1)

1. Corporation Name

HIDDEN OAKS ASSOCIATION, INC.



Principal Place of Business

C/O RALPH P. BRYAN
925-D NORTH TEMPLE AVENUE
STARKE FL 32091

Mailing Address

5700 SW 34TH ST. #1307
GAINESVILLE FL 32608
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BRYAN, RALPH P.
925-D NORTH TEMPLE AVENUE
STARKE FL 32091

3. Date Incorporated or Qualified

11/30/1988

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2961420

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

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

Signature of the person who is the registered agent, if not applicable

Signature of the person who is the registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	DAVIS, RONNIE C.	
3. STREET ADDRESS	5700 SW 34 ST., #1307	
4. CITY, ST, ZIP	GAINESVILLE FL	
5. TITLE	D	☐ DELETE
6. NAME	SHAW, EUGENE F.	
7. STREET ADDRESS	925-E NORTH TEMPLE AVE.	
8. CITY, ST, ZIP	STARKE FL	
9. TITLE	D	☐ DELETE
10. NAME	BRYAN, RALPH	
11. STREET ADDRESS	925-D NORTH TEMPLE AVE.	
12. CITY, ST, ZIP	STARKE FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITION CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 1/24/96
Ronnie C. Davis
Date: 1/24/96
Typed Name: Ronnie C. Davis

CR2E037 (12/95)