FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -6 AM 8:36
SEC... STATE
TALLA... FLORIDA

DOCUMENT # N33811 (3)

1. Corporation Name
HIDDEN GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 616831 OCOEE FL 34761	POST OFFICE BOX 616831 OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1989
3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-3079347 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2408 Stricker Dr.	26 2408 Stricker Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocoee, FL	28 City & State: Ocoee, FL
24 Zip: 34761 — 25 County: Orange	29 Zip: 34761 — 30 County: Orange

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DRURY, MARIE
2408 STRICKER DR.
OCOEE FL 34761

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marie Drury Treas. 5/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	GROZILLA, PAULETO	1.2 NAME	Grazilla, Paulette
STREET ADDRESS	2417 KALCH COURT	1.3 STREET ADDRESS	
CITY, ST, ZIP	OCOEE FL 34761	1.4 CITY, ST, ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAS, LARRY W	2.2 NAME	
STREET ADDRESS	2407 STRICKER DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	OCOEE FL 34761	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	HERMESMAN, LOU	3.2 NAME	
STREET ADDRESS	2423 KALCH CT.	3.3 STREET ADDRESS	
CITY, ST, ZIP	OCOEE FL 34761	3.4 CITY, ST, ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	DRURY, MARIE	4.2 NAME	
STREET ADDRESS	2408 STRICKER DR.	4.3 STREET ADDRESS	
CITY, ST, ZIP	OCOEE FL 34761	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(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: Marie C. Drury — 5/11/95 — 407 290 8346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #