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Apr 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N33971 (5)
1. Corporation Name
HIDDEN HOLLOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
531 HIDDEN HOLLOW DRIVE
MERRITT ISLAND FL 32952-1064
US 531 HIDDEN HOLLOW DRIVE
MERRITT ISLAND FL 32952-4065
US

3. Date Incorporated or Qualified 08/28/1989 3a. Date of Last Report 04/29/1996

2. Principal Place of Business 21 539 Hidden Hollow Dr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 539 Hidden Hollow Dr. Suite, Apt. #, etc. 27	4. FEI Number 59-3008987 Applied For Not Applicable
23	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32952 25 Country USA	28 City & State Merritt Isl. FL 29 Zip 32952 30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STALNAKER, GAIL
572 HIDDEN HOLLOW DRIVE
MERRITT ISLAND FL 32952

81 Name Tracey Canada
82 Street Address (P.O. Box Number is Not Acceptable)
539 Hidden Hollow Dr.
83 Merritt Isl.
84 City Merritt Isl. FL 85 Zip Code 32952

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 Tracey Canada - Tracey Canada, Treasurer, Director 4-9-97
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAZORAL, CHRIS	1.2 NAME	Robert MCARA
STREET ADDRESS	563 HIDDEN HOLLOW DRIVE	1.3 STREET ADDRESS	580 Hidden Hollow Dr.
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	Merritt Isl, FL. 32952
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP - SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORAN, JOHN	2.2 NAME	
STREET ADDRESS	571 HIDDEN HOLLOW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	2.4 CITY-ST-ZIP	Merritt Island FL. 32952
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALNAKER, GAIL	3.2 NAME	TRACEY CANADA
STREET ADDRESS	572 HIDDEN HOLLOW DRIVE	3.3 STREET ADDRESS	539 Hidden Hollow Drive
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Isl. FL 32952
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATIMER, ELLIS	4.2 NAME	George Moletz
STREET ADDRESS	598 HIDDEN HOLLOW DRIVE	4.3 STREET ADDRESS	587 Hidden Hollow Dr.
CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.4 CITY-ST-ZIP	Merritt Isl. FL 32952
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, W.D.	5.2 NAME	FRANK COFFEY
STREET ADDRESS	599 HIDDEN HOLLOW DRIVE	5.3 STREET ADDRESS	596 Hidden Hollow Dr.
CITY-ST-ZIP	MERRITT ISLAND FL 32952	5.4 CITY-ST-ZIP	Merritt Isl. FL. 32952
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. Tracey Canada 4/4/97 (1102) 452-3121

CR2E037 (9/96)