


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33971** (5)
1. Corporation Name
HIDDEN HOLLOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 539 HIDDEN HOLLOW RD. MERRITT ISLAND FL 32952 US	Mailing Address 539 HIDDEN HOLLOW DR. MERRITT ISLAND FL 32952 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/28/1989	Applied For Not Applicable
4. FEI Number 59-3008987	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" 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	

9. Name and Address of Current Registered Agent CANADA, TRACEY 539 HIDDEN HOLLOW DR. MERRITT ISLAND FL 32952
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10. Name and Address of New Registered Agent 81 Name (SAME) 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 Tracey Canada Treasurer (NOTE: Registered Agent signature required when reinstating) DATE 1-6-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	TD MCARA, ROBERT
STREET ADDRESS	580 HIDDEN HOLLOW DR. MERRITT ISLAND FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	VP HORAN, JOHN
STREET ADDRESS	571 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	TD CANADA, TRACEY
STREET ADDRESS	539 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	SD MOLETZ, GEORGE
STREET ADDRESS	587 HIDDEN HOLLOW DR. MERRITT ISLAND FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	SD COFIEG, FRANK
STREET ADDRESS	596 HIDDEN HOLLOW DR. MERRITT ISLAND FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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: Tracey Canada 1-6-98 (407) 452-3636

CR2E037 (10/97)