

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90039 037 \*\*\*\*61.25

0020688

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33971**

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



2. Principal Place of Business

21 563 Hidden Hollow Dr.

Suite, Apt. #, etc.

22

City & State

23 Merritt Island, FL

Zip

24 32952

Country

25 USA

2a. Mailing Address

26 563 Hidden Hollow Dr.

Suite, Apt. #, etc.

27

City & State

28 Merritt Island, FL

Zip

29 32952

Country

30 USA

3. Date incorporated or Qualified

08/28/1989

4. FEI Number

59-3008987

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

9. Name and Address of Current Registered Agent

CANADA, TRACEY  
539 HIDDEN HOLLOW DR.  
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name Ralph Maccarone

82 Street Address (P.O. Box Number is Not Acceptable)

83 563 Hidden Hollow Dr.

84

City Merritt Island

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MCARA, ROBERT  
STREET ADDRESS 580 HIDDEN HOLLOW DR.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☒ DELETE

NAME VP  
HORAN, JOHN  
STREET ADDRESS 571 HIDDEN HOLLOW DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☒ DELETE

NAME TD  
CANADA, TRACEY  
STREET ADDRESS 539 HIDDEN HOLLOW DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☒ DELETE

NAME SD  
MOLETZ, GEORGE  
STREET ADDRESS 587 HIDDEN HOLLOW DR.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE

NAME SD  
COFIEG, FRANK  
STREET ADDRESS 596 HIDDEN HOLLOW DR.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P.D. Ellis Latimer  
1.3 STREET ADDRESS 598 Hidden Hollow Drive  
1.4 CITY-ST-ZIP Merritt Island, FL 32952

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VP  
2.3 STREET ADDRESS Dan Koslosky  
595 Hidden Hollow Drive  
2.4 CITY-ST-ZIP Merritt Island, FL 32952

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME TD  
3.3 STREET ADDRESS Ralph Maccarone  
563 Hidden Hollow Drive  
3.4 CITY-ST-ZIP Merritt Island, FL 32952

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME S.D. Jeannette Christenson  
4.3 STREET ADDRESS 515 Hidden Hollow Drive  
4.4 CITY-ST-ZIP Merritt Island, FL 32952

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME SD  
5.3 STREET ADDRESS Frank Coffey  
596 Hidden Hollow Drive  
5.4 CITY-ST-ZIP Merritt Island, FL 32952

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Ralph Maccarone* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

1-407-632-7272

Daytime Phone #

CR2E037 (11/98)