1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

563 Hidden Hollow Dr

DOCUMENT # N33971 1. Corporation Name

HIDDEN HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
539 HIDDEN HOLLOW RD.
MERRITT ISLAND FL 32952
US

2. Principal Place of Business

22

21 563 Hidden Hollow Dr

Mailing Address

539 HIDDEN HOLLOW DR. MERRITT ISLAND FL 32952

2a. Mailing Address

Suite, Apt. #, etc.

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

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3. Date incorporated or Qualifed

08/28/1989

59-3008987

4. FEI Number

20 Country 20	City & State	47.1.1 [City & State	ad FL	5. Certifcate of Status Desired	\$8.75 A	
CANADA, TRACEY 539 HIDDENN HOLLOW DR. MERRITT ISLAND FL 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 agent, or both, in the State of Florida. Such change the decorporation's beard of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and immilier with, and accept the obligations of, Section 617.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and immilier with, and accept the obligations of, Section 617.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and immilier with an adversity of the corporation's beard of directors. I hereby accept the appointment as registered agent and its in appointment as registered agent and its intensity. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. IN OFFICERS AND DIRECTORS 13. TITLE 12. IN OFFICERS AND DIRECTORS 13. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12 ELIS Latince 549 Hidden Hollow Onive 13. TITLE 13. TITLE 14. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 14. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OFFICERS AND DIRECTORS IN 12 15. TITLE 15. IN OF	23 IMECC	IT LSIGNA, FL	28 Merritt LSIC	Country	0 5) // 0		
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SSP HIDDEN HOLLOW DR. MERRITT ISLAND FL 32952 82 Street Address (P.O. Box Number is Not Acceptable). 83 Street Address (P.O. Box Number is Not Acceptable). 84 City Merritt Island. FL 32952 85 City Merritt Island. FL 32952 86 City Merritt Island. FL 32952 86 City Merritt Island. FL 32952 87 Seath Indicated by the comparation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept agent. I am familiar wit				' ' ' '	Laloh Maccarone		
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B4 City Merritt Is Gard. FL as 32,952	539 HIDDE	inn hollow dr.			563 Hidden Holle	w Dr.	
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, 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, 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, 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, or both in the State of the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of the corporation's board of directors. I hereby accept the appointment as registered agent, or both of the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board and accept the appointment as registered agent, or board and accept the appointment as registered agent, and accept the appointment as registered agent, or board and accept the appointment as registered agent, and accept the app	MERRITT !	SLAND FL 32952		83	•		
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NAME.				6.2 NAME	* F*		ĺ
SINCLI MUNICOS.		•		6.3 STREET ADDRESS			
64 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	14. I hereby	rertify that the information supplied with	this filing does not qualify for the		in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the in	formation

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

Applied For

Not Applicable