

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

95 JUL - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38057 (8)**

1. Corporation Name

HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THE ASSOCIATION ADVISOR, INC.
2555 NURSERY RD. STE A
CLEARWATER FL 34624
US

C/O THE ASSOCIATION ADVISOR
2555 NURSERY RD., STE. A
CLEARWATER FL 34624
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/07/1990** 3a. Date of Last Report **05/01/1994**
4. FBI Number **59-3009523** Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1880 Belleair Road**

26 **P.O. Box 8048**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Clearwater, FL

Clearwater, FL

24 Zip

Country

29 Zip

Country

34624

Pinellas

34618

Pinellas

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

10. Name and Address of New Registered Agent

THE ASSOCIATION ADVISOR INC.
2555 NURSERY RD
STE. A
CLEARWATER FL 34624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1880 Belleaire Road

83

84 City **Clearwater**

FL

85 Zip Code **34624**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **SLAUGHTER, JOE**
STREET ADDRESS **2750 BRAHM CT.**
CITY- ST- ZIP **PALM HARBOR FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE **DV**
NAME **ROGERS, ART**
STREET ADDRESS **2750 WILSON CT.**
CITY- ST- ZIP **PALM HARBOR FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE **DT**
NAME **TRIGLIA, JANET**
STREET ADDRESS **674 CHANNING DR.**
CITY- ST- ZIP **PALM HARBOR FL**

31 TITLE Change Addition
32 NAME **ST Parker, John**
33 STREET ADDRESS **2761 Brahm Ct.**
34 CITY- ST- ZIP **Palm Harbor, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(k), 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: *Joe Slaughter* **Joe Slaughter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
DATE

786 8598
OFFICER NUMBER