

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38057 (8)
1. Corporation Name
HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1880 BELLEAIR ROAD CLEARWATER FL 34624 US	Mailing Address P.O. BOX 8048 CLEARWATER FL 34618-8048 US
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3. Date Incorporated or Qualified 05/07/1990	3a. Date of Last Report 06/21/1996
4. FEI Number 59-3009523	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 2759 WILSON CT Suite, Apt. #, etc.	2a. Mailing Address 2759 WILSON CT Suite, Apt. #, etc.
22. City & State PALM HARBOR FL	27. City & State SAME
23. Zip 34684-3946	28. Country U.S.

9. Name and Address of Current Registered Agent
**THE ASSOCIATION ADVISOR INC.
1880 BELLEAIR ROAD
STE. A
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name BARBARA C. GAINES
82 Street Address (P.O. Box Number is Not Acceptable) 2742 WILSON CT
83 City PALM HARBOR
84 State FL
85 Zip Code 34684-3946

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: Barbara C. Gaines Treasurer DATE: 3/22/97

12. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SLAUGHTER, JOE	
STREET ADDRESS 2750 BRAHM CT.	
CITY-ST-ZIP PALM HARBOR FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME ROGERS, ART	
STREET ADDRESS 2759 WILSON CT.	
CITY-ST-ZIP PALM HARBOR FL	
TITLE STD	<input type="checkbox"/> DELETE
NAME FISHER, TAMMY	
STREET ADDRESS 2757 WILSON CT	
CITY-ST-ZIP PALM HARBOR FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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 VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME GARY SALZER	
1.3 STREET ADDRESS 2764 WILSON CT.	
1.4 CITY-ST-ZIP PALM HARBOR, FL. 34684-3946	
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 SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BARBARA C. GAINES	
4.3 STREET ADDRESS 2742 WILSON CT.	
4.4 CITY-ST-ZIP PALM HARBOR, FL. 34684-3946	
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 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, including as an attachment with a checkmark.

SIGNATURE: Barbara C. Gaines Treasurer DATE: 3/22/97

Daytime Phone # **0067060**

CR2E037 (9/96)