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04-08-1999 90024 037 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N38057

1. Corporation Name

HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2742
 2742 WILSON CT
 PALM HARBOR FL 34684-3946
 US

Mailing Address

← 2750 WILSON CT. SAME
 CLEARWATER FL 34684-3964
 US



2. Principal Place of Business

21 2742 Wilson ct
 Suite, Apt. #, etc.
 22 Palm Harbor, FL
 City & State
 23 34684
 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
 27 SAME
 City & State
 28
 Zip Country

3. Date Incorporated or Qualified

05/07/1990

4. FEI Number

59-3009523

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

GAINES, BARBARA C MS
 2742 WILSON CT
 PALM HARBOR FL 34684-3946

10. Name and Address of New Registered Agent

81 Name
 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 *Barbara C Gaines* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALZER, GARY	
STREET ADDRESS	2764 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, ART	
STREET ADDRESS	2759 WILSON CT.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FISHER, TAMMY	
STREET ADDRESS	2757 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GAINES, BARBARA C.	
STREET ADDRESS	2742 WILSON CT	
CITY-ST-ZIP	PALM HAROBR 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOE SLAUGHTER
2.3 STREET ADDRESS	2750 BRAHAM CT
2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684
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, with all other like empowered.

SIGNATURE: *Barbara C Gaines* SIGNATURE REQUIRED 3/31/99 727-785-3060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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