FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N39072

(6)

HIDDEN GLEN SUBDIVISION HOMEOWNERS ASSOCIATION.

Principal Place of Business Mailing Address C/O JAMES EICHER C/O JAMES EICHER

FILED Mar 18 1998 8:00am Secretary of State



3. Date Incorporated or Qualified

	RASOTA FL 34241			3983 HIDDEN GLEN DR SARASOTA FL 34241 US			06/19/1990 Applied For 4. FEI Number Applied For 65-0218061 Not Applica			
21	Principal Place of Busi	ness	26				5. Certificate of Status Desired Section Fee Required	al		
Sulte, Apt. #, etc.			27	1-1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	City & State		28				7. Is this nonprofit corporation a homeowners association? Yes \[\subseteq \text{No} \]			
24	Zip	Country 26	Zip 29		Country 30		8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
EICHER, JAMES 3963 HIDDEN GLEN DR.					81	Name				
					82	Street Address (P.O. Box Number is Not Acceptable)				
	SARASOTA FL 342	241			83	City				
				FL 85 Zip Code						
11.	 Pursuant to the provis office or registered as agent. I am familiar w 	aont, or both, in the S	state of Florida. Si	uch change was a	úthorized by	the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as register	ed ed		

agent. Familiar with, and accept the obligations of, Section of 7.0503, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and bille if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND I		Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE			S IN 12						
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition						
NAME	ARCHER, RAFAEL		1.2 NAME									
STREET ADDRESS	3929 HIDDEN GLEN DR.		1.3 STREET ADDRESS									
CITY-ST-ZIP	SARASOTA FL 34241		1.4 CITY-ST-ZIP		•							
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	Addition						
NAME	PROSSI, TONIN		2.2 NAME									
STREET ADDRESS	3966 HIDDEN GLEN DR.		2.3 STREET ADDRESS									
CITY-ST-ZIP	SARASOTA FL 34241		2. 4 CITY-ST-ZIP									
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME	COSTANZO, MONICA		3.2 NAME									
STREET ADDRESS	3937 HIDDEN GLEN DR.		3.3 STREET ADDRESS									
CITY-ST-ZIP	SARASOTA FL 34241		3.4. CITY-ST-ZIP									
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change	Addition						
NAME	EICHER, JAMES		4. 2 NAME									
STREET ADDRESS	3963 HIDDEN GLEN DR.		4.3 STREET ADDRESS									
CITY-ST-ZIP	SARASOTA FL 34241		4.4 CITY-ST-ZIP									
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP									
TETLE		☐ DELETE	6.1 TITLE		☐ Change	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP			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.

SIGNATURE: