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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

148320 - 90133 - 8

DOCUMENT # **N39072**

1. Corporation Name

HIDDEN GLEN SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JAMES EICHER 3963 HIDDEN GLEN DR SARASOTA FL 34241 US	C/O JAMES EICHER 3963 HIDDEN GLEN DR SARASOTA FL 34241 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 06/19/1990 4. FEI Number 65-0218016 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

EICHER, JAMES
3963 HIDDEN GLEN DR.
SARASOTA FL 34241

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ARCHER, RAFAEL		1.2 NAME	EICHER, JAMES	
STREET ADDRESS	3929 HIDDEN GLEN DR.		1.3 STREET ADDRESS	3963 HIDDEN GLEN DR.	
CITY-ST-ZIP	SARASOTA FL 34241		1.4 CITY-ST-ZIP	SARASOTA, FL 34241	
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	TD	☑ Change ☐ Addition
NAME	EICHER, JAMES		4. 2 NAME	SWEETING PATRICIA	
STREET ADDRESS	3963 HIDDEN GLEN DR.		4.3 STREET ADDRESS	3958 HIDDEN GLEN DR.	
CITY-ST-ZIP	SARASOTA FL 34241		4.4 CITY-ST-ZIP	SARASOTA, FL 34241	
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED JAMES EICHER 2-10-99 941-378-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #