

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
1998
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40309
1. Corporation Name
HIDDEN OAKS OF PONTE VEDRA ASSOCIATION, INC.
REINSTATEMENT 91-98

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
October 11, 1990
4. FEI Number
59-3171016
Applied For
Not Applicable

2. Principal Place of Business
21 c/o 109 Oak View Circle
Suite, Apt. #, etc.
22
City & State
23 Ponte Vedra Beach, FL
Zip
24 32082
Country
25 St. Johns
2a. Mailing Address
26 P.O. Box 2691
Suite, Apt. #, etc.
27
City & State
28 Ponte Vedra Beach, FL
Zip
29 32004
Country
30 St. Johns

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
John Michael Traynor, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
28 Cordova Street
83
84 City
St. Augustine, FL
85 Zip Code
32084

11. Pursuant to the provisions of Sections 617.0500 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

Signature typed or printed name of the person who signed this statement (NOTE: Registered Agent signature required when reinstating)

3/20/98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100002469721-0
-03/26/98--01089--022
****673.75 ****673.75
DELETE
DELETE
DELETE
DELETE
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
P/D
1.2 NAME
Sharon D. Wulbern
1.3 STREET ADDRESS
109 Oak View Circle
1.4 CITY-ST-ZIP
Ponte Vedra Beach, FL 32082
2.1 TITLE
VP/D
2.2 NAME
Robert Steele
2.3 STREET ADDRESS
149 Oak View Circle
2.4 CITY-ST-ZIP
Ponte Vedra Beach, FL 32082
3.1 TITLE
T/D
3.2 NAME
Christine Bottka
3.3 STREET ADDRESS
116 Oak View Circle
3.4 CITY-ST-ZIP
Ponte Vedra Beach, FL 32082
4.1 TITLE
S/D
4.2 NAME
Carla Congro
4.3 STREET ADDRESS
110 Oak View Circle
4.4 CITY-ST-ZIP
Ponte Vedra Beach, FL 32082
5.1 TITLE
D
5.2 NAME
Frank Levene
5.3 STREET ADDRESS
137 Oak View Circle
5.4 CITY-ST-ZIP
Ponte Vedra Beach, FL 32082
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Alan 3/25/98

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.

SIGNATURE: *Cham D. Wulbern, President* 3-20-98 904-285-7664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)