FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # **N40495** **(6)**

1. Corporation Name
HIDDEN LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ABBY FOOSE 1825 GINA DR. TALLAHASSEE FL 32303	% ABBY FOOSE 1825 GINA DR. TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 10/24/1990
3a. Date of Last Report: 07/25/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Barry Ettinger	26 c/o Barry Ettinger
Suite, Apt. #, etc. 22 1918 Gina Drive	Suite, Apt. #, etc. 27 1918 Gina Drive
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip 24 32303 Country 25 USA	Zip 29 32303 Country 30 USA

4. FEI Number: ~~59-3136504~~ 59-3313867 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOOSE, ABBY 1825 GINA DRIVE TALLAHASSEE FL 32303	81 Name: Barry Ettinger 82 Street Address (P.O. Box Number Is Not Acceptable): 1918 Gina Drive 83 84 City: Tallahassee FL 85 Zip Code: 32303

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: X Barry Ettinger 4/6/96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TR	☒ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	FOOSE, ABBY		1.2 NAME	Barry Ettinger	
STREET ADDRESS	1825 GINA DRIVE		1.3 STREET ADDRESS	1918 Gina Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLA, KATHERINE		2.2 NAME		
STREET ADDRESS	2382 IAN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OGDEN, RANDY		3.2 NAME		
STREET ADDRESS	2424 IAN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	000001775160	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-04/10/96--01028--024	
TITLE		☐ DELETE	5.1 TITLE	***61.25	☐ 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 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Barry Ettinger 3/17/96 580 0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEE $10.00