FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMÊNT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

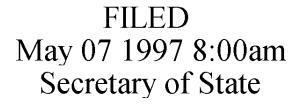
DOCUMENT #

(6)

HIDDEN LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address





4244 W. TENNESSEE STREET TALLAHASSEE FL 32304			4244 W. TENNESSEE STREET TALLAHASSEE FL 32304-1033			
					3. Date Incorporated or Qualified 10/24/1990	3a. Date of Last Report 04/10/1996
2. Principal Place of Business 28		2a. Mailing Addre	2a. Mailing Address		4, FEI Number	Applied For
21		26	26		59-33 13867	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		E Cartificate of Ototal Davids	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30 30 9. Name and Address of Current Registered Agent		30	Florida Statutes Yes No		
	S. Maine and Address of	Current Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent
44004411	L ALIDIA		į	or Name		**
MCCANN			82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
	TENNESSEE STREET		-	B3		
IALLANA	ISSEE FL 32304			03		
	<u> </u>			B4 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	Signature, typed or printed name of regis				required when reinstating)	DATE
12.		RS AND DIRECTORS	13.	_	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DEL	ETE 1.1 TITL	E C	DAVID HUTCHASO	Change Addition
NAME	van atta, cathy		1.2 NA/	AE .	HOUND TENNE	55EE 57 REET
STREET ADDRESS				1.1 ITILE C DAVID HUTCHASON Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE C Chad Teems Change Addition 2.2 NAME 2.3 STREFT ADDRESS 4.4 W 4.4 W 4.4 M. & SSEE ST. # 178		
CITY-ST-ZIP	TALLAHASSEE FL 3230	4		Y - ST - ZIP	I MULAMAN SEC, F	WA DASO 9
TITLE	VPD	☐ DEL	ETE 2.1 YITI	£ 5	Chad Teems	Change Addition
NAME	MCCANN, CHRIS		2.2 NAI	AME 4244 W 44 ANOSSER St. #178		
STREET ADDRESS			2.3 STR	23 STREFI ADDRESS 2.4 CITY-ST-ZIP Tallah as see TL 3230 4 3.1 TILE		
CITY-ST-ZIP				Y-ST-ZIP	Tallahassee &	= 4 3230 Y
TITLE	D	DEL	ETE 3.1 TITO	E	•	Change Addition
NAME	CAIWEN, BOB		3.2 NAI	AE .		
STREET ADDRESS	1910 GINA DRIVE	_	3.3 STR	EET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 3230			Y-ST-ZIP		
TITLE		☐ DEL		-		Change Addition
NAME			4. 2 NA			
STREET ADDRESS			4 3 STR	EET ADDRESS		
CITY-ST-ZIP	···			/-ST-ZIP		
TITLE		☐ DEL	ETE 5.1 TITE	E		☐ Change ☐ Addition
NAME			5.2 NAN	1E		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		☐ DEL		_		Change Addition
NAME			6.2 NAM	1F		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 CiT	(-ST-7IP		

I do 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.