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NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N48872

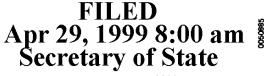
1. Corporation Name

HIDDEN ISLAND ESTATES HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business
7802 HIDDEN ISLAND LANE
TEMPLE TERRACE FL 33617
US

Mailing Address

7802 HIDDEN ISLAND LANE TEMPLE TERRACE FL 33617



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						1							
2. Principal P	lace of Business	2a. Mailing Address						ncorporated or Qualifed	d		_		
21		26				(05/1	1/1992					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						ı mber		Ap	lied For		
22		27					NOT	APPLICABLE		No	Applicable		
City & Stat		City & State				5	Cartifo	ate of Status Desired		\$8.75 A	ditional		
23		28						, ate or Status Desired		Fee Re	quired		
Zip	Cour try	Zip	Countr	у		6.	Electio	on Campaign Financing		\$5.00	t <i>i</i> tay Be		
24	25	29 3	30			-	Trust	Fund Contribution		Added to	Fees		
	9. Name and Address of Current	Registered Agent				10.	Name	and Address of New	Registered	Agent			
			8	1 Nam	e								
MCCORMICK, SUSAN					et Ar dres	ss (P	O Bo	Number is Not Accep	table)				
7802 HIDDEN ISLAND LANE					82 Street Acdress (P.O. Box Number is Not Acceptable)								
TEMPLE TERRACE FL 33617								<u> </u>					
I CIVIL CE I	ENIMOL I E SOOT		L.										
			84	4 City					FL	85 Zip C	,,)08		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes	s. the abo	ve-name	d ccrpor	ration	subm	its this statement for th	e purpose of	changing its	registered		
office crr	existered agent, or both, in the State of	f Florida. Such change was aut	thorized b	v the co	rporation	's boa	ard of	directors. I hereby acco	ept the apro	intment as req	stered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Fiore	da Statute	S .									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 6	Registered Ag	ent eignatu	re regi inad v	when roi	inetetion		DATE				
12.	OFFICERS AND		13.	orn organists				ONS/CHANGES TO O	FFICERS A	ND DIRECTO	F:S IN 12		
TITLE	<u> </u>	DELETE	1.1 TITLE		Т					Change	Addition		
NAME	BOSS, RICHARD O	-	1.2 NAME										
				ET ADDRES									
STREET ADDRE 3S					~								
CITY-ST-ZIP	TEMPLE TERRACE FL	□ DELETE	1.4 CITY-ST-ZIP		┼-			- 		☐ Change	Addition		
TITLE	PTS		1								_		
NAME	MCCORMICK, CARL OR SUSAN		2.2 NAME										
STREET ADDRESS	7802 HIDDEN ISLAND LN		1	ET ADORES	ss								
CITY-ST-ZIP	TEMPLE TERRACE FL		2.4 CITY-ST-ZIP							Change	[] Addition		
TITLE	P	☐ DELETE	3.1 TITLE							☐ Change	[] Addition		
NAME	HARTMAN, PAUL/PATRICIA		3.2 NAME		ļ								
STREET ADDRESS	7808 HIDDEN ISLAND LN		3.3 STRE	ET ADDRES	ss								
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4, CITY-	ST-ZIP	<u> </u>						- 		
TITLE	D	DELETE	4.1 TTTLE		18	_ •		Δ . A		☐ Change	Addition		
NAME	STATZ, DON		4. 2 NAM	•		2/1	1e,	Danny A. Lidden Is Terrace Po	ngeia		•		
STREET ADDRESS	7810 HIDDEN ISLAND LANE		4.3 STRE	ET ADDRES	s '7'	810) [hidden 15	KNA LI	7 .			
CfTY-ST-ZIP	TRMPLE TERRACE FL		4.4 CITY-	ST-ZIP	170	mL	He	Terraci Pe	- 334	<u> 17 </u>			
TITLE	D	☐ DELETE	5.1 TITLE] ,	7				Change	☐ Addition		
NAME	TAYLOR, BILL		5.2 NAME										
STREET ADDRESS	l		5.3 STRE	ET ADDRES	ss								
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		5.4 CITY-	ST-ZIP									
TITLE	12 22 12	☐ DELETE	6.1 TITLE		\top					Change	Addition		
NAME			6.2 NAME										
STREET ADDRESS			6.3 STRE	ET ADORES	ss								
OTTLET ADDRESS			6.4 CITY-		1								

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 chapted, or on an attachment with an address, with a light empowered.

SIGNATURE: 1