

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

- CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:38

DOCUMENT # **N50288 (2)**
1. Corporation Name
HIDDEN GROVE COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
1127 MAIN STREET DUNEDIN FL 34698 **P. O. BOX 453 PALM HARBOR FL 34683 US**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/11/1992 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-2633914 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 2. Principal Place of Business 21 2733 Nicole Cir | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State Palm Harbor, FL | 27 City & State |
| 23 Zip 34684 | 24 Country |
| 25 Zip | 26 Country |

9. Name and Address of Current Registered Agent
MEZER, STEVEN H. STEVEN N. MEZER, P.A.
1212 COURT ST STE. B CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name **STEVEN H. MEZER, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
1212 COURT STREET
83 **SUITE B**
84 City **Clearwater** FL 85 Zip Code **34616**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mezer, Steven H. **STEVEN H. MEZER, P.A.** DATE **3/16/95**

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHEFFER, WILLIAM 2702 JEFFREY DRIVE PALM HARBOR FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROBERTS, PAT 2733 NICOLE CIR. PALM HARBOR FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KAHR, GEORGE 487 BONNIE BLVD. PALM HARBOR FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NURRE, CATHY 455 BONNIE BLVD. PALM HARBOR FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLANDER, MARVIN 875 CHANNING DR. PALM HARBOR FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUFFALO, KEN 620 CHANNING DR. PALM HARBOR FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Roberts, Pat 2733 Nicole Cir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | S Beverly Serlin 660 Channing Dr. Palm Harbor, FL 34684 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | TD Cathy Nurre 455 Bonnie Blvd. Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | VD Buffaloe, Ken 620 Channing Dr. Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption provided in Section 110.031(5), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pat Roberts **Pat Roberts** DATE **2-27-94** PHONE # **757-2109**