

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

DOCUMENT # N50288 (2)

1. Corporation Name

HIDDEN GROVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2733 NICOLE CIR
PALM HARBOR FL 34684
US

P. O. BOX 453
PALM HARBOR FL 34683
US

3. Date Incorporated or Qualified
08/11/1992

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2633914

Applied For
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

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

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVEN H. MEZER, PA
1212 COURT STREET
SUITE B
CLEARWATER FL 34616**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 registered agent, and title, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

4/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE: PD
NAME: ROBERTS, PAT
STREET ADDRESS: 2733 NICOLE COURT
CITY-ST-ZIP: PALM HARBOR FL

11 TITLE: PD
12 NAME: Bill Sheffer
13 STREET ADDRESS: 2702 Jeffrey Dr.
14 CITY-ST-ZIP: Palm Harbor, FL 34684

TITLE: S
NAME: BEVERLY SERLIN
STREET ADDRESS: 660 CHANNING DR.
CITY-ST-ZIP: PALM HARBOR FL

21 TITLE: S
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

TITLE: VD
NAME: KAHRS, GEORGE
STREET ADDRESS: 467 BONNIE BLVD.
CITY-ST-ZIP: PALM HARBOR FL

31 TITLE: VD
32 NAME: Dave Carter
33 STREET ADDRESS: 2744 Faith Circle
34 CITY-ST-ZIP: Palm Harbor, FL 34684

TITLE: TD
NAME: CATHY NURRE
STREET ADDRESS: 455 BONNIE BLVD.
CITY-ST-ZIP: PALM HARBOR FL

41 TITLE: TD
42 NAME: Patricia Virey
43 STREET ADDRESS: 563 Bonnie Blvd
44 CITY-ST-ZIP: Palm Harbor, FL 34684

TITLE: D
NAME: HOLLANDER, MARVIN
STREET ADDRESS: 675 CHANNING DR.
CITY-ST-ZIP: PALM HARBOR FL

51 TITLE:
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

TITLE: VD
NAME: BUFFALO, KEN
STREET ADDRESS: 620 CHANNING DR.
CITY-ST-ZIP: PALM HARBOR FL

61 TITLE: VD
62 NAME: Joe Moggadino
63 STREET ADDRESS: 2725 Jeffrey Dr.
64 CITY-ST-ZIP: Palm Harbor, FL 34684

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: *William W. Sheffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
DATE

813-787-6005
DAYTIME PHONE #

CR2E037 (12/95)