

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50288 (2)**  
1. Corporation Name  
**HIDDEN GROVE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business <b>2733 NICOLE CIR PALM HARBOR FL 34684 US</b>	Mailing Address <b>P. O. BOX 453 PALM HARBOR FL 34683 US</b>
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3. Date Incorporated or Qualified  
**08/11/1992**

4. FEI Number  
**59-2633914**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21 1700 MCMULLEN BOOTH RD</b> Suite, Apt. #, etc. <b>22 SUITE C3</b> City & State <b>23 CLEARWATER, FL</b> Zip <b>24 33759</b>	2a. Mailing Address <b>26 1700 MCMULLEN BOOTH RD</b> Suite, Apt. #, etc. <b>27 SUITE C3</b> City & State <b>28 CLEARWATER, FL</b> Zip <b>29 33759</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**STEVEN H. MEZER, PA  
1212 COURT STREET  
SUITE B  
CLEARWATER FL 34618**

10. Name and Address of New Registered Agent

81 Name <b>LEIGHTON, LENNARD A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1700 MCMULLEN BOOTH RD.</b>
83 <b>SUITE C3</b>
84 City <b>CLEARWATER</b>
85 Zip Code <b>FL 33759</b>

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]* DATE **3/13/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>SHEFFER, BILL</b> 2702 JEFFREY DRIVE PALM HARBOR FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEVERLY SERLIN</b>	2.2 NAME	
STREET ADDRESS	<b>660 CHANNING DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARTER, DAVE</b>	3.2 NAME	
STREET ADDRESS	<b>2744 FAITH CIRCLE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VINAY, PATRICIA</b>	4.2 NAME	
STREET ADDRESS	<b>583 BONNIE BLVD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLANDER, MARVIN</b>	5.2 NAME	
STREET ADDRESS	<b>675 CHANNING DR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGGADINO, JOE</b>	6.2 NAME	
STREET ADDRESS	<b>2725 JEFFREY DRIVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	6.4 CITY - ST - ZIP	

5.5 NAME		5.6 STREET ADDRESS	
5.7 CITY - ST - ZIP		5.8 CITY - ST - ZIP	
6.5 NAME		6.6 STREET ADDRESS	
6.7 CITY - ST - ZIP		6.8 CITY - ST - ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MARVIN HOLLANDER** DATE: **3/11/98** TELEPHONE: **813-785-2673**

CR2E037 (10/97)