## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50288

1. Corporation Name

HIDDEN GROVE COMMUNITY ASSOCIATION INC.

Principal Place of Business

Mailing Address

783 BONNIE BLVD. PALM HARBOR, FL.34684 P.O.Box 453

PALM HARBOR, FL. 34682

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90035 012 \*\*\*\*61.25

,									
2. Principel Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed			
21		26				8/11/1992			
		Suite, Apt. #, etc.	Apt. #, etc.			4. FÉI Number		Ar	oplied For
22		27				59-2633914		No	ot Applicable
City & State		City & State				5. Certifcate of Status Desired			Additional
3	<del>143 - 1</del>	28	<del></del>			3. Certificate of Otalias Bearied		Fee Ro	equired
Zip	Country	Zip	Count	try		6. Election Campaign Financing	П	\$5.00	Мау Ве
24	25	29	30			Trust Fund Contribution		Added	to Fees
	9. Name and Address of Current I	Registered Agent		,		10. Name and Address of New R	egistere	d Agent	
			8	31					
LEIGHTON, LENNARD A.				32 Street Address (P.O. Box Number is Not Acceptable)					
1700 MCMULLEN BOOTH RD.			`	1968 BAYSHORE BLVD.					
SUITE	C3		18	83		DATOND DEVE			
CLEARW	ATER, FL. 33759		_						
			8	B4			F	1 1 1 1	Code
44 5	to the provisions of Sections 617.0502	and 617 1509 Florido Statut	os the abo	340	named corne	EDIN.	WIEDOSA (	f changing its	1698 registered
office or re	egistered agent, or both, in the State of framiliar with and accept the obligation	Florida, Such change was a	uthorized t	by t	the corporatio	in's board of directors. I hereby accept	the appo	ointmyentas re	gistered
agent. I a	n familiar with and accept the obligatio	ns of, Section 617.0503, Flo	rida Statuti	es.	•	2/	> W	loa	
SIGNATURE	- well cost	<del></del>				<u> </u>	<u>~ 7</u>	177	
	Signature, typical or printed name of registered agent a			gent	t signature required		DATE	ND DIDECTO	DC IN 12
12.	OFFICERS AND		13.	_	<del></del> -	ADDITIONS/CHANGES TO OFF	ICERS A	Change	Additio
TITLE	EPNNAF. JAMES	☐ DELETE		1.1 TITLE				☐ Change	
NAME	HANNA , JAMES		1.2 NAM	Œ					
STREET ADDRESS	644 CHANNING DR.		1.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL	34684	1.4 CITY	'-ST	-ZIP				
TITLE	VPD	☐ DELETE	2.1 TITU	E	-			Change	Addition
NAME	DRISCOLL, DEBBI	च	2.2 NAM	ΙE					
STREET ADDRESS	607 BONNIE BLVD		2.3 STRI	EET.	ADDRESS				
CITY-ST-ZIP			2. 4 CIT	Y-S1	T-ZIP				
TITLE	PALM HARBOR, FL	☐ DELETE	3.1 TITL					Change	Addition
NAME	TREAS.D			1E	<u> </u>	<del></del>			
STREET ADDRESS	SCHEEICHERHLMAR!	ILYN	1		ADDRESS				
	783 BONNIE BLVD	•							
CITY-ST-ZIP	PALM HARBOR, FL. DELETE			3.4. C/TY-ST-Z/P 4.1 TITLE				Change	☐ Additio
	SD		4.2 NAM						
NAME	HANNA, DEBORAH								
STREET ADDRESS	644 CHANNING DR		1		ADDRESS				
CITY-ST-ZIP	— PALM HARBOR, FL		4.4 CITY	-	-ZIP			☐ Change	☐ Addition
TITLE	D	• DELETE	5.1 TITLE	_	}			change	☐ Modition
NAME	SERLIN, BEVERLY		5.2 NAM						
STREET ADDRESS	660 CHANNING DR		· ·		ADDRESS				
CITY-ST-ZIP	- PALM HARBOR, FL		5.4 CITY		-ZIP				
TITLE	D	• DELETE	6.1 TITLE	E				☐ Change	☐ Addition
NAME	_		6.2 NAM	Œ	ĺ				
STREET ADDRESS	KAUFMAN, KEITH		6.3 STRE	EET.	ADDRESS				
	605 CHANNING DR		6.4 C/TY	, ot	. 71B				

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 suppliemental 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, with all other like empowered.