FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 10 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001945 (4)

1. Corporation Name
HIDDEN COVE WEST MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
624 LAKE HENRY DRIVE WINTER HAVEN FL	624 LAKE HENRY DRIVE WINTER HAVEN FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:
4. FEI Number: 59-2862857 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GINTER, ALICE
624 LAKE HENRY DRIVE
WINTER HAVEN FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City WINTER HAVEN, FL 85 Zip Code 33881

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ALLEN, HELEN G	1.2 NAME	HARRISON, LESLIE
STREET ADDRESS	462 ALLIGATOR DRIVE	1.3 STREET ADDRESS	657 LAKE HENRY DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	VD	2.1 TITLE	1VD ☐ Change ☒ Addition
NAME	GRAVES, DONALD	2.2 NAME	BUSS, DAVID
STREET ADDRESS	456 CORAL DRIVE	2.3 STREET ADDRESS	536 LAKE HENRY DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	SD	3.1 TITLE	
NAME	RHEBERGEN, LOIS W	3.2 NAME	
STREET ADDRESS	485 LAKE HENRY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	GINTER, ALICE	4.2 NAME	
STREET ADDRESS	630 LAKE HENRY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	CARTWRIGHT, JEANNE
STREET ADDRESS		5.3 STREET ADDRESS	495 LAKE HENRY CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	SIPE, KENNETH
STREET ADDRESS		6.3 STREET ADDRESS	632 LAKE HENRY DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881

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)(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: Alice R. Ginter Alice R. GinTer 3/6/95 813 299 9604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

000187