

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 # N94000001945 (4)

1. Corporation Name

HIDDEN COVE WEST MOBILE HOME OWNERS ASSOCIATION,
INC.



Principal Place of Business

624 LAKE HENRY DRIVE
WINTER HAVEN FL

Mailing Address

624 LAKE HENRY DRIVE
WINTER HAVEN FL

2. Principal Place of Business

21 610 LAKE HENRY DR

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN FL

Zip

24 33881

Country

25 US

2a. Mailing Address

26 610 LAKE HENRY DR

Suite, Apt. #, etc.

27 City & State

28 WINTER HAVEN, FL

Zip

29 33881

Country

30 US

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

03/10/1995

4. FEI Number

59-2862857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

CHARLES A REUPERT

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

610 LAKE HENRY DR

83

84 City

WINTER HAVEN

FL

85 Zip Code

33881

GINTER, ALICE
624 LAKE HENRY DRIVE
WINTER HAVEN FL 33881

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

Charles A Reupert

2/6/96

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME HARRISON, LESLIE
STREET ADDRESS 657 LAKE HENDRY DRIVE
CITY - ST - ZIP WINTER HAVEN FL

☐ DELETE

TITLE VD
NAME BUSS, DAVID
STREET ADDRESS 536 LAKE HENRY DRIVE
CITY - ST - ZIP WINTER HAVEN FL

☒ DELETE

TITLE SD
NAME RHEBERGEN, LOIS W
STREET ADDRESS 485 LAKE HENRY CIRCLE
CITY - ST - ZIP WINTER HAVEN FL 33881

☒ DELETE

TITLE TD
NAME GINTER, ALICE
STREET ADDRESS 630 LAKE HENRY DRIVE
CITY - ST - ZIP WINTER HAVEN FL 33881

☒ DELETE

TITLE D
NAME CARTWRIGHT, JEANNE
STREET ADDRESS 495 LAKE HENRY CIRCLE
CITY - ST - ZIP WINTER HAVEN FL

☒ DELETE

TITLE D
NAME DIPOE, KENNETH
STREET ADDRESS 632 LAKE HENRY DRIVE
CITY - ST - ZIP WINTER HAVEN FL

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SD
CAROL NIEMAN
512 LAKE HENRY DR
WINTER HAVEN, FL 33881

TD
CHARLES A REUPERT
610 LAKE HENRY DR
WINTER HAVEN FL 33881

D
RICHARD STEIN
434 LAKE HENRY DR
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)(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:

CHARLES A REUPERT Charles A Reupert

2/6/96

941-294-5837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR