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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

610 LAKE HENRY DR
WINTER HAVEN FL 33881
US

Mailing Address

610 LAKE HENRY DR
WINTER HAVEN FL 33881-9015
US3. Date Incorporated or Qualified
04/18/19943a. Date of Last Report
03/19/1996

2. Principal Place of Business

21 662 Lake Henry Ln

2a. Mailing Address

26 662 Lake Henry Ln.

4. FEI Number
59-2862857Applied For
Not Applicable22 Suite, Apt. #, etc.
Winter Haven

Suite, Apt. #, etc.

27

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

23 Winter Haven Fl.

28 Winter Haven Fl.

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

24 Zip 33880 Country U.S.

29 Zip 33880 Country U.S.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REUPERT, CHARLES
610 LAKE HENRY DR
WINTER HAVEN FL 3388181 Name H. Ray Lockhart
82 Street Address (P.O. Box Number is Not Acceptable)
662 Lake Henry Ln.

83

84 City Winter Haven FL 85 Zip Code 33880

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 H. Ray Lockhart T.D.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME HARRISON, LESLIE
STREET ADDRESS 657 LAKE HENDRY DRIVE
CITY-ST-ZIP WINTER HAVEN FL1.1 TITLE ☐ Change ☐ AdditionTITLE VD ☒ DELETENAME BUSS, DAVID
STREET ADDRESS 536 LAKE HENRY DRIVE
CITY-ST-ZIP WINTER HAVEN FL1.2 NAME ☒ Change ☐ AdditionTITLE SD ☐ DELETENAME NEIMAN, CAROL
STREET ADDRESS 512 LAKE HENRY DR
CITY-ST-ZIP WINTER HAVEN FL2.1 TITLE V.D. ☒ Change ☐ AdditionTITLE TD ☒ DELETENAME REUPERT, CHARLES A
STREET ADDRESS 610 LAKE HENRY DR
CITY-ST-ZIP WINTER HAVEN FL2.2 NAME James R. Ross ☒ Change ☐ AdditionTITLE D ☐ DELETENAME STEIN, RICAHRD
STREET ADDRESS 434 LAKE HENRY DR
CITY-ST-ZIP WINTER HAVEN FL2.3 STREET ADDRESS 581 Lake Henry Dr. ☒ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.4 CITY-ST-ZIP Winter Haven Fl. 33881 ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☒ Change ☐ Addition4.1 TITLE T.D. ☒ Change ☐ Addition4.2 NAME H. Ray Lockhart ☒ Change ☐ Addition4.3 STREET ADDRESS 662 Lake Henry Ln. ☐ Change ☐ Addition4.4 CITY-ST-ZIP Winter Haven Fl. 33880 ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. Ray Lockhart 2-3-97

Date

941-291-4709

Daytime Phone # 0054714

C-2E037 (9/96)