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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001945

1. Corporation Name

HIDDEN COVE WEST MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

662 LAKE HENRY LANE
WINTER HAVEN FL 33880
US

Mailing Address

662 LAKE HENRY LANE
WINTER HAVEN FL 33880
US



2. Principal Place of Business

21 **624 LAKE HENRY DRIVE**

Suite, Apt. #, etc.

22

City & State

23 **WINTER HAVEN FL**

Zip

24 **33881**

Country

25 **USA**

2a. Mailing Address

26 **434 LAKE HENRY DRIVE**

Suite, Apt. #, etc.

27

City & State

28 **WINTER HAVEN FL**

Zip

29 **33881**

Country

30 **USA**

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

59-2862857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

**LOCKHART, RAY H.
662 LAKE HENRY LANE
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name **RICHARD L. STEIN**

82 Street Address (P.O. Box Number is Not Acceptable)
434 LAKE HENRY DRIVE

83

84 City **WINTER HAVEN**

FL

85 Zip Code
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

Richard L. Stein

RICHARD L. STEIN TD 4-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

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

TITLE **VD** ☐ DELETE

NAME **ROSS, JAMES R.**
STREET ADDRESS **581 LAKE HENRY DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **TD** ☐ DELETE

NAME **LOCKHART, RAY H.**
STREET ADDRESS **662 LAKE HENRY LANE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE

NAME **STEIN, RICHARD**
STREET ADDRESS **434 LAKE HENRY DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **ROSS, JAMES R.**
1.3 STREET ADDRESS **581 LAKE HENRY DRIVE**
1.4 CITY-ST-ZIP **WINTER HAVEN, FL**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **LOCKHART, RAY H.**
2.3 STREET ADDRESS **662 LAKE HENRY LANE**
2.4 CITY-ST-ZIP **WINTER HAVEN, FL**

3.1 TITLE **SD** ☐ Change ☒ Addition

3.2 NAME **BRITTON, LAVONNE**
3.3 STREET ADDRESS **546 LAKE HENRY DRIVE**
3.4 CITY-ST-ZIP **WINTER HAVEN, FL**

4.1 TITLE **TD** ☒ Change ☐ Addition

4.2 NAME **STEIN, RICHARD L.**
4.3 STREET ADDRESS **434 LAKE HENRY DRIVE**
4.4 CITY-ST-ZIP **WINTER HAVEN, FL**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **WILLIAMS, ROBERT**
5.3 STREET ADDRESS **520 LAKE HENRY DRIVE**
5.4 CITY-ST-ZIP **WINTER HAVEN, FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

Richard L. Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD L. STEIN 4-26-99 941-291-3370

Date

Daytime Phone #

CR2E037 (11/98)