

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 # **N95000001814 (1)**

1. Corporation Name

HIDDEN GLEN ASSOCIATION, INC.



Principal Place of Business

Mailing Address

510 TOHOPEKALIGA AVENUE
KISSIMMEE FL 34744

510 TOHOPEKALIGA AVENUE
KISSIMMEE FL 34744

3. Date Incorporated or Qualified
04/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **510 Tohopekaliga Ave**

26 **510 Tohopekaliga Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Kissimmee**

27 **Kissimmee**

City & State

City & State

23 **FL**

28 **FL**

24 Zip **34744**

25 Country **Osceola**

29 Zip **34744**

30 Country **Osceola**

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, VICKI
17 S. ORLANDO AVENUE
KISSIMMEE FL 34741

81 Name **Joyce Crawford**

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

83 **Kissimmee**

84 City **FL** 85 Zip Code **34744**

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 **Joyce L Crawford**

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

(NOTE: Registered Agent signature required when instituting

DATE **2-9-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	CRAWFORD, JOYCE
STREET ADDRESS	510 TOHOPEKALIGA AVENUE
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	VD <input type="checkbox"/> DELETE
NAME	DAVIS, GLEN
STREET ADDRESS	P.O. BOX 450189
CITY-ST-ZIP	KISSIMMEE FL 34745
TITLE	VD <input type="checkbox"/> DELETE
NAME	ARRINGTON, MARY J
STREET ADDRESS	813 BRYAN STREET
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: **Joyce L Crawford**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/9/96**

Date

DAYTIME PHONE # **407-847-9380**

Daytime Phone #

CR2E037 (12/95)