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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N95000005680 (2)**

1. Corporation Name

HIDDEN BAY NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
46 N WASHINGTON BLVD SUITE 1 SARASOTA FL 34236	46 N WASHINGTON BLVD SUITE 1 SARASOTA FL 34236-5977

3. Date Incorporated or Qualified: 12/01/1995
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business
21: 109 Overlea Way
22: Suite, Apt. #, etc.
23: City & State: Venice FL
24: Zip: 34292
25: Country: USA

2a. Mailing Address
26: 109 Overlea Way
27: Suite, Apt. #, etc.
28: City & State: Venice, FL
29: Zip: 34292
30: Country: USA

4. FEI Number: 65-0634912 ☐ 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

PATTERSON, JOHN
46 N WASHINGTON BLVD
SUITE 1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 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	DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGIFFEN, JOHN W		1.2 NAME		
STREET ADDRESS	109 OVERLEA WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP		
TITLE	VPTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAIN, FRED C		2.2 NAME		
STREET ADDRESS	109 OVERLEA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDSEL, EDWARD E		3.2 NAME		
STREET ADDRESS	109 OVERLEA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D, VP, AS	☐ Change ☒ Addition
NAME			4.2 NAME	EGGLESTON, SUSAN E	
STREET ADDRESS			4.3 STREET ADDRESS	109 overlea Way	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. 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.