FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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
1080 OVERLEA WAY VENICE FL 34292 US	109 OVERLEA WAY VENICE FL 34292 US

3. Date Incorporated or Qualified: 12/01/1995

4. FEI Number: 65-0634912 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 2470 Bahia Vista ST.
22: Suite, Apt. #, etc.
23: City & State: Sarasota FL
24: Zip: 34239 25: Country

2a. Mailing Address
26: P.O. Box 19625
27: Suite, Apt. #, etc.
28: City & State: Sarasota FL
29: Zip: 34276 30: Country

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	DP	☐ Change ☒ Addition
NAME	MCGIFFEN, JOHN W		1.2 NAME	SAM SHANABERGER	
STREET ADDRESS	109 OVERLEA WAY		1.3 STREET ADDRESS	2470 Bahia Vista ST.	
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VPTD	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	CHAMBERLAIN, FRED C		2.2 NAME	DIETER GOBHARD	
STREET ADDRESS	109 OVERLEA WAY		2.3 STREET ADDRESS	2470 Bahia Vista ST.	
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	ASD	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	EDSEL, EDWARD E		3.2 NAME	MAMIE THOMAS	
STREET ADDRESS	109 OVERLEA WAY		3.3 STREET ADDRESS	2470 BAHIA VISTA ST.	
CITY-ST-ZIP	VENICE FL 34292		3.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DVPA	☒ DELETE	4.1 TITLE	DT	☐ Change ☒ Addition
NAME	EGGLESTON, SUSAN E		4.2 NAME	KIRBY SNIFFEN	
STREET ADDRESS	109 OVERLEA WAY		4.3 STREET ADDRESS	2470 BAHIA VISTA ST	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	SARASOTA FL 34239	
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 (10/97)

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.

SIGNATURE: _____ Kirby Sniffen 4/28/98 941-362-4882