FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90006 018 ****61.25

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1. Corporation Name
HIDDEN BAY NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2470 BAHIA VISTA ST SARASOTA FL 34239 US	P O BOX 19625 SARASOTA FL 34276 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 ~~210 Hidden Bay Dr.~~ Suite, Apt. #, etc.	26 Beth Callans Mgmt. Corp. Suite, Apt. #, etc.	12/01/1995
22 ~~Osprey, FL~~ City & State	27 550 Bay Isles Rd. City & State	4. FEI Number 65-0634912 ☐ Applied For ☐ Not Applicable
23 Osprey, FL Zip / Country	28 Longboat Key, FL Zip / Country	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 34229 25 USA	29 34228 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Beth Callans
82 Street Address (P.O. Box Number is Not Acceptable): ~~C/o Beth Callans Mgmt. Corp.~~
83 550 Bay Isles Rd.
84 City: Longboat Key **FL** 85 Zip Code: 34228

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: Beth Callans 4/26/99
Signature, typed or printed name of registered agent and the date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHANMBERGER, SAM		1.2 NAME		
STREET ADDRESS	2470 BAHIA VISTA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GEBHARD, DIETER		2.2 NAME		
STREET ADDRESS	2470 BAHIA VISTA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE	DST	☑ Change ☐ Addition
NAME	THOMAS, MAMIE		3.2 NAME		
STREET ADDRESS	2470 BAHIA VISTA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		3.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SNIFFEN, KIRBY		4.2 NAME		
STREET ADDRESS	2470 BAHIA VISTA ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		4.4 CITY-ST-ZIP		
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 (11/98)

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: SIGNATURE REQUIRED Beth Callans, Mgmt. Agent 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #