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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **N96000000610 (3)**

1. Corporation Name

**HIDDEN PINES AT COUNTRYSIDE HOMEOWNERS ASSOCIATI ON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5110 EISENHOWER BLVD.<br>SUITE 250<br>TAMPA FL 33634 | 5110 EISENHOWER BLVD.<br>SUITE 250<br>TAMPA FL 33634-6339 |

3. Date Incorporated or Qualified: 02/05/1996
3a. Date of Last Report:

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 1700 McMullen Booth Rd |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 Suite C-3 |
| City & State<br>23 | City & State<br>28 Clearwater, FL |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 34619 / 30 USA |

4. FEI Number: 59-3383992 ☐ 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 |
|---|---|
| JAMES, JUDITH L<br>325 SOUTH BOULEVARD<br>TAMPA FL 33606 | 81 Name: Lennard A. Leighton<br>82 Street Address (P.O. Box Number is Not Acceptable): 1700 McMullen Booth Road, Suite C-3<br>83<br>84 City: Clearwater FL 85 Zip Code: 34619 |

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: Lennard A. Leighton 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRELAND, KATHLEEN D<br>5110 EISENHOWER BLVD., SUITE 250<br>TAMPA FL 33634 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCELROY, MIKELL A<br>5110 EISENHOWER BLVD., SUITE 250<br>TAMPA FL 33634 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>Podlin, ~~Gary~~ Ken<br>5110 Eisenhower Blvd #250<br>Tampa, FL 33634 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PASCUCCI, PETER<br>5110 EISENHOWER BLVD., SUITE 250<br>TAMPA FL 33634 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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.

**SIGNATURE:** K. Breland REQUIRED 3/7/97 (813)249-8302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048968