

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002731 (5)

1. Corporation Name
HIDDEN LAKES CLUB MASTER ASSOCIATION, INC.



Principal Place of Business 1501 WATERFORD DRIVE VENICE FL 34292	Mailing Address 1501 WATERFORD DRIVE VENICE FL 34292
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3. Date Incorporated or Qualified 05/22/1996	Applied For
4. FEI Number 65-0694952	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 395 Commercial Ct Suite, Apt. #, etc.	26 395 Commercial Ct Suite, Apt. #, etc.
22 Suite A City & State	27 Suite A City & State
23 VENICE FL Zip	28 VENICE FL Zip
24 34292 25 USA	29 34292 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PARRISH, JAYNE E
1501 WATERFORD DRIVE
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 395 Commercial Ct
83 Suite A
84 City VENICE FL 85 Zip Code 34292

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: *[Signature]* DATE: **4-29-98**

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL W
STREET ADDRESS	1501 WATERFORD DRIVE
CITY-ST-ZIP	VENICE FL 34292
TITLE	STD <input type="checkbox"/> DELETE
NAME	LIBERI, NANCY
STREET ADDRESS	1501 WATERFORD DRIVE
CITY-ST-ZIP	VENICE FL 34292
TITLE	PD <input type="checkbox"/> DELETE
NAME	PARRISH, JAYNE E
STREET ADDRESS	1501 WATERFORD DRIVE
CITY-ST-ZIP	VENICE FL 34292
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	395 COMMERCIAL CT, SUITE A
1.4 CITY-ST-ZIP	VENICE, FL 34292
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	395 COMMERCIAL CT, SUITE A
2.4 CITY-ST-ZIP	VENICE, FL 34292
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	395 COMMERCIAL CT, SUITE A
3.4 CITY-ST-ZIP	VENICE, FL 34292
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, by an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-29-98** DAYTIME PHONE: **941-485-5243**

CFR2E037 (10/97)