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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000003219

001269 - 90002 - 9 2 9

1. Corporation Name
HIDDEN OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 SOUTH MAIN STREET BROOKSVILLE FL 34601	101 SOUTH MAIN STREET BROOKSVILLE FL 34601

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/03/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3587210 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MASON, JOSEPH M JR
101 SOUTH MAIN STREET
BROOKSVILLE FL 34601

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	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUCKNER, ROBERT A		1.2 NAME		
STREET ADDRESS	11 NORTH MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIMBROUGH, JAMES H JR		2.2 NAME		
STREET ADDRESS	706 MOLINE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Assistant Vice-President and	☐ Change ☒ Addition
NAME	MASON, JOSEPH M JR		3.2 NAME	Assistant Secretary	
STREET ADDRESS	101 SOUTH MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 4/29/99 (352) 796-0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph M. Mason, Jr.