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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000060612 (5) DOCUMENT #

HIDDEN CREEK VILLAS, INC.

FILED

98 APR 23 AM 8: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address \$300 COUTH HIAWASSEE RD. P.O BOX 4961 SUITE 107 **SUITE 107** ORLANDO FL 32835 ORLANDO FL 32801-4961 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/18/1995</u> 2. Principal Place of Business 28. Mailing Address 26. P.O. BOX 496 4. FEI Number Applied For 59-3291011 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 29 32 KVZ 24 25 Personal Property Tax due June 30. Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FL.INC.** 390 N. ORANGE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1100** 83 ORLANDO FL 32801 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's griature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DΡ DELETE TITLE 1.1 TITLE Change Addition **400002502874---**-04/28/38--01064--021 NAME CHIRA. LEE 1.2 NAME 3300 S. HIAWASSEE ROAD, SUITE 107 STREET ADDRESS 1.3 STREET ADDRESS ****150.00 **ORLANDO FL** ****150.00 CITY-ST-ZOP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE ___ Addition VP/T NAME KROPP, STEVE 2.2 NAME Steven G. Kropp 3300 S. HIAWASSEE RD. #107 STREET ADDRESS 23 STREET ADDRESS 3200 S. Hiawassee Rd., Ste. 205 ORLANDO FL CITY-ST-ZIP 2 4 CITY-S1-ZIP Orlando, FL 32835 TITLE DELETE Change 3 1 TITLE Addition MCKINNEY, JOE NAME 3.2 NAME Eugene Joseph McKinney STREET ADDRESS 3300 S. HIAWASSEE RD. #107 3.3 STREET ADDRESS 3200 S. HIawassee Rd., Ste. 205 ORLANDO FL CITY-ST-ZIP 3.4. CITY - ST- ZIP Orlando, FL 32835 TITLE ☐ OF LETE 4.1 TITLE Change CARLTON, CHARLES NAME 4. 2 NAME 3300 COUTH HIAWASSEE RD. #107 STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32835 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 DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 informatic 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 providing or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if