2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **726988** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC. 04-26-2000 90168 011 ****61.25 Principal Place of Business Mailing Address 2055 WOOD STREET 2055 WOOD STREET SUITE 202 SUITE 202 SARASOTA FL 34237 SARASOTA FL 34237-7929 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1385249 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PROPERTY & ACCOUNTING MANANGEMENT INC 2055 WOOD STREET SUITE 202 Zip Code SARASOTA FL 34237 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SD ☐ Addition TITLE ☐ Delete TITLE Piras, Lois NAME PIRAS, LOIS NAME 4386 RayField Dr. STREET ADDRESS 4386 RAYFIELD DR STREET ADDRESS Sarasota, FL 34243 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change ☐ Addition TITLE ☐ Delete TITI F Manmelli, Charles MAMMELLI, CHARLES NAME NAME 4393 Rayfield Dr. STREET ADDRESS STREET ADORESS 4393 RAYFIELD DRIVE Saxasota, FL 34243 CITY-ST-ZIP CUTY-ST-7IP SARASOTA FL 34243 TITLE Delete TITLE ☐ Change ☐ Addition NAME BELLUCCI, JEANNE NAME STREET ADDRESS STREET ADDRESS 4463 RAYFIELD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL SD ☐ Delete TITLE Change Addition KAREN BURROWS NAME NAME STREET ADDRESS STREET ADDRESS 4409 SANDNER DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE ☐ Delete TITLE Change ☐ Addition NAME **WOODS, RENEE** NAME STREET ADDRESS 4446 SANDNER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Addition TITLE □ Delete NAME DUFRESNE, ROCH NAME Dufresne Roch 4412 Sandner STREET ADDRESS STREET ADDRESS 4412 SANDNER DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Sarasota FL 34243 12. 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 report or supplemental 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 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR