2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 726988

1. Entity Name

HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC.



Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90105 015 ****61.25

FILED

Principal Place of Business 4983 RINGWOOD MEADOW SARASOTA FL 34235

Mailing Address

4983 RINGWOOD MEADOW SARASOTA FL 34235

							 	OLD BURKE (BUG) (BUR) (BU) B	. 11		
2. Principal P		iness CONCEPTS	3. Mailing Address	3. Mailing Address MANAGEMENT CONCEPTS							
Suite, Apt.		Condupis	Suite, Apt. #, etc.					CHECK HERE IF MAI	CINIC CHANGES		
766 BR	ZONX	AVE. STE A	5766 BRONX	766 BRONX AVE STEA			. "	TIECK TIENE II' WA	dina Characs		
City & State SARA607A FL			City & State SARASOTA			4. FEI Number 5	58-1385249 Applied For Not Applicable				
Zip 34231		Country USA	3423/	4.	intry 5 A		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
37001	e and Address of Current	Ц,	7. Name and Address of New Registered Agent								
			و سيمان و دور دور دور دور دور دور دور دور دور د		- Name - Name						
PAMI MA			MANAGEMENT CONCEPTS Street Address (P.O. Box Number is Not Acceptable) 5766 BRONX AUE 375 A								
4983 RINGWOOD MEADOW <u>5766 Bronk Ave Stead</u> Sarasota Fl 34235									• •	-	
			SARASOTA FL 34231								
8. The above	named enti	ity submits this statement fo	or the purpose of changing its	register	instered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.											
Charles 100000 Court											
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTIL Projected Agent signature required when reinstating) DAVE:											
E	W. FEE IC #64 05	npaign F	n Financing _ \$5.00 May Be Make Check Pay				neck Pavable	to			
FILE NOW: FEE IS \$61.25 Trust Fund Con					ion.		Added to Fees		partment of S		
10.	D	OFFICERS AND DI		11.			ADDITIONS/CHANGE				
title Name	-	, arnold	☐ Delete	TITL		Art	hur Campa	νA	☐ Change	Addition	
STREET ADDRESS		ANDER DRIVE		1	ET ADDRESS	44	19 Rayfield	Dr.			
CITY-ST-ZIP		OTA FL 34234		CITY	-ST-ZIP		avota, FL				
TITLE	, TD		☐ Delete	TITL	E	D			Change	Addition	
NAME	"HOHL,"	Walter D		NAM		Sur	se Jarsan.	1000		•	
STREET ADDRESS		AYFIELD DRIVE	3		ET ADDRESS	44	38 KAYFIR	10 Ur.		}	
CITY-ST-ZIP		OTA FL 34243	·	4 7	-ST-ZIP	Jai	re Jorgan 138 Rayfie 1200 to 1 Fo	39293			
TITLE	DS	CHOCKIA	- ☐ Delete	TITL		0	sorah Col	عدرا ا	~ Change	Addition	
NAME Street address		, EUGENIA Ayfield drive		NAM	ET ADDRESS	437	33 Rayfie 10	Dr.			
CITY-ST-ZIP		OTA FL 34234	·		- ST-ZIP	(0)	avote FO	3+243		9	
TITLE	SD	777 7 2 01201	☐ Delete	TITL		υ		<u> </u>	☐ Change	Addition	
NAME		BURROWS		NAM		Lun	ne Chenn	(بن		74	
STREET ADDRESS		NDNER DRIVE		STRE	ET ADDRESS	44	31 Jandre	c DI:			
CITY-ST-ZIP	SARASO	TA FL 34243		CITY	-ST-ZIP	Sal	31 Jandre, Pavota, F	134243			
TITLE	DV		Delete	TITLI			,		Change	Addition	
NAME	WOODS,			NAM							
STREET ADDRESS CITY-ST-ZIP		NDNER DRIVE			ET ADDRESS -ST-ZIP						
		TA FL 34234	p-14	4-							
TITLE	PD WALDEO	W MCHAEL	☐ Delete	TITLI NAM					☐ Change	☐ Addition	
NAME Street address)W, MICHAEL NDNER DRIVE			ET ADDRESS						
CITY-ST-ZIP		TA FL 34243			-ST-ZIP						
<u> </u>	OCI ICOU	IN I L UTETU									

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mischael J. Woldron 3/17/03 378-9292