


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

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90083 020 ****61.25

DOCUMENT # 748121

1. Entity Name
HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3879 HIDDEN ACRES CIRCLE
N FT MYERS FL 33903
US**

Mailing Address
**C/O PEPITONE REALTY MGMT SVCS CORP.
13451 MCGREGOR BLVD SUITE 32
FORT MYERS FL 33919
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEPITONE REALTY MGMT SVCS CORP.
4210 METRO PKWAY STE 240 *13451 McGregor #32*
FORT MYERS FL 33916 *Fort Myers FL 33919*

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARVEY, ALLAN 3854 HIDDEN ACRES CIRCLE N. FT. MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEDLER, BRENT 3818 HIDDEN ACRES CIRCLE N. FORT MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASQUILLO, ANN 3812 HIDDEN ACRES CIR NO FT MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELANEY, TIM 3901 HIDDEN ACRES CIRCLE N FT MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANCUSO, JOHN 3844 HIDDEN ACRES CIR N FORT MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like employed.

SIGNATURE: *John Mancuso* *Peppone* **1-23-03** **239-274-9701**

CR2E037 (10/02)