2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # 768451 1. Entity Name HIDDEN HARBOR COMMUNITY ASSOCIATION, INC. 04-26-2000 90211 022 ****61.25 Mailing Address Principal Place of Business C/O THE THORNTON CO. C/O THE THORNTON CO. ~~~~~~~ P.O. BOX 700665 4307 NEPTUNE RO ST. CLOUD FL 34770-0665 ST. CLOUD FL 34769 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2742529 Not Applicable Country \$8.75 Additional Zíp Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Thornton Hark1 Street Address (P.O. Box Number is Not Acceptable) <u>Harkley R. Esq</u> MILES, STEVE 100 CHURCH ST. 5695 Beggs Road, Suite KISSIMMEE FL 34741 32810 <u>Orlando</u> 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 TE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition SD ☐ Delete TITLE **√**Change TITLE **GURSKY, RON** NAME NAME Gursky, Ron 1956 E. Osceola Parkway STREET ADDRESS STREET ADDRESS 1300 HIDDEN HARBOR LANE CITY-ST-ZIP CITY-ST-ZIP Kissimmee Fl <u>Kissimmee, FL 32743</u> 💢 Delete **▼**XChange Addition PD TITLE TITLE MILES, LINDA NAME NAME Truett, Jack STREET ADDRESS 2391 WINDWARD COVE STREET ADDRESS 2301 Leeward Cove CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL Kissimmee, FL 34746 ---[Addition TIT! F Change TITLE Delete NAME SANT, JASON NAME Cahill, Robert STREET ADDRESS STREET ADDRESS 2326 Indian Mound Trail 2332 INDIAN MOUND TRAIL CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL <u>Kissimmee, FL 34746</u> Addition Change TITLE ☐ Delete **GAST. RONALD** NAME NAME Jones, Jessie 2323 Indian Mound Trail STREET ADDRESS 2306 LEEWARD COVE STREET ADDRESS KIssimmee, FL 34746 CITY-ST-ZIP KISSIMMEE FL CITY-ST-7/P Change XXX addition ☐ Delete TITLE TITLE NAME NAME Iredale, Doug STREET ADDRESS STREET ADDRESS 1087 Hidden Harbor Lane CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34746 □ Change XXAddition ☐ Delete TITLE TITLE NAME David, Susan NAME STREET ADDRESS STREET ADDRESS 2393 Windward Cove CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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 incomposered.

SIGNATURE: 4

3/30/00

<u>Kissimmee.</u>

 $_{
m FL}$

407 348 6441

<u>34746</u>