

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768451

1. Entity Name

HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.

**FILED**  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90008 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O THE THORNTON CO.  
4307 NEPTUNE RD  
ST. CLOUD FL 34769  
US

C/O THE THORNTON CO.  
P.O. BOX 700665  
ST. CLOUD FL 34770-0665  
US

2. Principal Place of Business

3. Mailing Address

5695 Beggs Road

5695 Beggs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-100

Suite B-100

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

32810

USA

Zip

Country

32810

USA

4. FEI Number

59-2742529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARKLEY, THORNTON R ESQ  
5695 BEGGS ROAD, SUITE B-100  
ORLANDO FL 32810

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.

SIGNATURE

*Harkley Thornton R*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/01

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURSKY, RON 1956 E OSCEOLA PKWY KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRUETT, JACK 2301 LEEWARD COVE KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAHILL, ROBERT 2332 INDIAN MOUND TRAIL KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JESSIE 2323 INDIAN MOUND TRAIL KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IREDALE, DOUG 1087 HIDDEN HARBOR LANE KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, SUSAN 2393 WINDWARD COVE KISSIMMEE FL 34746	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD   Kissimmee, FL 32743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD 2326 Indian Mound Trail	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD   	<input checked="" 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 empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

407 3486441  
Date Daytime Phone #

CR2E037 (10/00)

Attachment

832824

ADDITIONAL BOARD MEMBERS

# 768451

TITLE: DD  
NAME: Ron Gast  
ADDRESS: 2306 Leeward Cove  
CITY & STATE: Kissimmee, FL 34746

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_