

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768451

1. Entity Name

HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5695 HEGGS ROAD -
STE B-100
ORLANDO FL 32810
US

5695 HEGGS ROAD
STE B-100
ORLANDO FL 32810
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

Zip

Country

32810

US

32810

US

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

Theresa Sutherland

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

5695 Beggs Road

Suite B-100

City

Orlando

FL

Zip Code

32810

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

TERESA SUTHERLAND Theresa Sutherland

4/24/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD GURSKY, RON 1956 E OSCEOLA PKWY KISSIMMEE FL 32743	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUETT, JACK 2301 LEEWARD COVE KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAHILL, ROBERT 2332 INDIAN MOUND TRAIL KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, JESSIE 2323 INDIAN MOUND TRAIL KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD IREDALE, DOUG 1087 HIDDEN HARBOR LANE KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVID, SUSAN 2393 WINDWARD COVE KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Doug Iredale 1087 Hidden Harbor Lane Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Steve Lavole 2303 Leeward Cove Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Cast 2306 Leeward Cove Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Gursky 1300 Hidden Harbor Lane Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rob Cahill 2326 Indian mound Trail Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" 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:

DOUG IREDALE DOUG IREDALE

4-18-02

407-296-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0095075



DO NOT WRITE IN THIS SPACE