

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90023 039 ****61.25

DOCUMENT # 770633

1. Entity Name

HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1600 HIDDEN CREEK BLVD
 ORLANDO FL 32807
 US

Mailing Address

1600 HIDDEN CREEK BLVD
 ORLANDO FL 32807-4284
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2883916

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCER, LARRY
 1600 HIDDEN CREEK BLVD
 ORLANDO FL 32807

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

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	P	<input type="checkbox"/> Delete
NAME	FELIX, GEORGE	
STREET ADDRESS	1617 LONGRIDGE CT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POST, DAVID	
STREET ADDRESS	1604 LITTLE FALLS CIR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEENEN, MARY	
STREET ADDRESS	1703 SHADY RIDGE CT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHIASSON, LORNA	
STREET ADDRESS	1714 SILVER CREEK COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBS, SANDRA	
STREET ADDRESS	1602 LITTLE FALLS CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DETRICK, SARA	
STREET ADDRESS	1705 SHADY RIDGE COURT	
CITY-ST-ZIP	ORLANDO FL 32807	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, LINDA	
STREET ADDRESS	1702 SILVER CREEK CT	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/6/00

Date

407-8237414

Daytime Phone #

CR2E037 (9/99)