

**2001 UBR BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90076 039 \*\*\*\*61.25

**DOCUMENT # 770633**

1. Entity Name

**HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1600 HIDDEN CREEK BLVD  
 ORLANDO FL 32807  
 US

1600 HIDDEN CREEK BLVD  
 ORLANDO FL 32807  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2883916**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

*Sandra Jacobs*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 9, 2001**

Date

Daytime Phone #

CR2E037 (10/00)