

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90060 019 \*\*\*\*61.25



**DOCUMENT # 770633**

1. Entity Name  
**HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1600 HIDDEN CREEK BLVD**      **1600 HIDDEN CREEK BLVD**  
**ORLANDO FL 32807**              **ORLANDO FL 32807**  
**US**                                      **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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LARRY SPENCER, GENERAL MANAGER Larry Spencer 1/4/03  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME	<b>D</b> <b>CHRISTOPHER SHRIMPLIN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6278 YORKTOWN DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32807</b>	
TITLE NAME	<b>TD</b> <b>MICHELE DANOVS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1653 EAGLE CREEK CIR.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32807</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**      1/6/03      407 658-6333

CR2E037 (10/02)