2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 15, 2000 8:00 am Secretary of State DOCUMENT # NO1587 1. Entity Name HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC. 08-15-2000 90008 044 ****61.25 Principal Place of Business Mailing Address 715 SANDY COURT 715 SANDY COURT ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address same As SAME AS Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2887697 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, DANA 715-SANDY COURT ALTAMONTE SPRINGS FL 32714 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE ☐ Delete TITLE ALbury OVERBEY, DOREEN 709 Youngstown PKWy #362 NAME NAME 713 SANDY COURT #375 STREET ADDRESS STREET ADDRESS ALTAMonte Springs, FL 32714 CITY-ST-ZIP CfTY-ST-ZIP ALT SPGS FL 32714 Delete TITLE TITLE Addition WRIGHT, JILL NAME STREET ADDRESS 610 COLORADO RLACE #5S STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE ZOFREA, DONALD NAME STREET ADDRESS 682 YOUNGSTOWN PARKWAY #335 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Delete ☐ Change ☐ Addition TITLE TITLE Duplicated OVERBEY, DOMEEN NAME NAME 713 SANDY OT STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition **BOLEMAN, DEIDRE** NAME NAME STREET ADDRESS STREET ADDRESS 626 CAMBRIDGE WAY #100 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 TITLE ☐ Delete TITLE ☐ Change ☐ Addition O'DAY, KEVIN NAME NAME STREET ADDRESS 620 GLENWOOD COURT #84 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ALTAMONTE SPRINGS FL 32714

12. I hereby certify that the information supplied with this filling 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 receive 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 attachmen with an address, with all other like empowered.

SIGNATURE:

KWALATAIPE COUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00 407-869-578)
Daytime Phone #