

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-05-2001 90356 040 ****61.25

DOCUMENT # N01587

1. Entity Name

HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

715 SANDY COURT
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

715 SANDY COURT
 ALTAMONTE SPRINGS FL 32714
 US

01000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2887697

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DANA
 715 SANDY COURT
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: Lamb Cynthia
 Street Address (P.O. Box Number is Not Acceptable):
715 Sandy Court
 City: Altamonte Springs FL Zip Code: 32714

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: Cynthia Lamb, Property Manager Cynthia Lamb 2-28-01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OVERBEY, DOREEN 713 SANDY COURT ALT SPGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, JILL 610 COLORADO PLACE #5S ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOFREA, DONALD 682 YOUNGSTOWN PARKWAY #335 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERBEY, DOREEN 713 SANDY CT ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLEMAN, DEIDRE 626 CAMBRIDGE WAY #100 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DAY, KEVIN 620 GLENWOOD COURT #84 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sanford Cohn 2146 Charlotte Dr. Longwood, FL 32799	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Carlos Reym 122 orchid Lane Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shane Healy 590 Bloomington Ct #8 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Don Derickson 696 Youngstown Pkwy #315 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Albury 709 Youngstown R. Pkwy #362 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: SIGNATURE REQUIRED 2-28-2001 407-862-3140
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)