

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

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90058 003 ****61.25
02-13-2003 90203 039 ****61.25

DOCUMENT # N02000009572

1. Entity Name
HIDDEN LAKE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business: **13400 SUTTON PARK DRIVE S. 1402 JACKSONVILLE FL 32224 US**

Mailing Address: **13400 SUTTON PARK DRIVE S. 1402 JACKSONVILLE FL 32224 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **54-2095340** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PARRISH, CHRISTINA E
13400 SUTTON PARK DR. S.
1402
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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: P,D NAME: LEINWOHL, RONALD J STREET ADDRESS: 13400 SUTTON PARK DR. S., #1402 CITY-ST-ZIP: JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP,D NAME: RUDOLPH, MAURICE M STREET ADDRESS: 13400 SUTTON PARK DR. W., #1402 CITY-ST-ZIP: JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE: P,D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST,D NAME: HITE, PATSY A STREET ADDRESS: 13400 SUTTON PARK DR., W., #1402 CITY-ST-ZIP: JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: VP, D NAME: Nathaniel C. Hughs STREET ADDRESS: 13400 Sutton Pk Dr S, #1402 CITY-ST-ZIP: Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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: **Patsy A. Hite** **Director** **7-24-03 (904) 821-2171**

CR2E037 (4/03)