

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90723 044 \*\*\*\*61.25

**DOCUMENT # N04730**

1. Entity Name

**HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6538 MOONSHETH CT  
 ORLANDO FL 32819  
 US

P.O. BOX 1706  
 WINDERMERE FL 34786-1706  
 US

2. Principal Place of Business

**6518 HIDDEN BEACH CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2446923**

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

**KERBEN, DAVID**  
**118 E ROBINSON ST**  
**ORLANDO FL 32801**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ROSE, GREG**  
 CITY-ST-ZIP **6538 MOONSHETH CR**  
**ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **SD**  
 STREET ADDRESS **BARBARA ESPERANZA**  
 CITY-ST-ZIP **6521 HIDDEN BEACH CIR**  
**ORLANDO FL 32819**

TITLE ☐ Change ☒ Addition  
 NAME **SD**  
 STREET ADDRESS **TORIE DEKOMO**  
 CITY-ST-ZIP **6509 HIDDEN BEACH CIRCLE**  
**ORLANDO, FL. 32819**

TITLE ☒ Delete  
 NAME **VD**  
 STREET ADDRESS **CHERNRY, GERALD**  
 CITY-ST-ZIP **6623 HIDDEN BEACH CIRCLE**  
**ORLANDO FL 32819**

TITLE ☐ Change ☒ Addition  
 NAME **VD**  
 STREET ADDRESS **KIM MORRISON**  
 CITY-ST-ZIP **6643 HIDDEN BEACH CIRCLE**  
**ORLANDO, FL. 32819**

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **GOSSELIN, RONALD**  
 CITY-ST-ZIP **5231 RAZORBACK CR**  
**ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **ESPERANZA, CAESAR**  
 CITY-ST-ZIP **6521 HIDDEN BCH CIR**  
**ORLANDO FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

**407-292-8177**

Date

Daytime Phone #

CR2E037 (9/01)