

2001 UNIFORM BUSINESS REPORT (UBR)

04-23-2002 90411 017 ***297.50
FILED N05481

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DOCUMENT # N05481

1. Entity Name

HIDDEN COVE ASSOCIATION, INC.

02 MAY -2 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3800 34TH AVE SO
ST. PETERSBURG FL 33715

P.O. BOX 385
ST. PETERSBURG FL 33731

2. Principal Place of Business

434 15th Ave N

3. Mailing Address

434 15th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

FL

4. FEI Number

59-2713609

Applied For

Not Applicable

Zip

33704

Country

FLORIDA

Zip

33704

Country

FLORIDA

6. Name and Address of Current Registered Agent

LETELLEIR, JOSEPH

944 39TH AVE N
ST PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name BILL COFFMAN

Street Address (P.O. Box Number is Not Acceptable)

434 15th Avenue North

City St. Petersburg FL

Zip Code

33704

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/02

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	PD LETELLEIR, JOSEPH T 944 39TH AVE N ST PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMBSCH, ERIC 611 GARDENIA ST BELLE AIR FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LETELLEIR, REBECCA B 944 39TH AVE. ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM COFFMAN 434 15th Ave N St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DON SAUNDERS 6 BRIGHTWATERS CIRCLE ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

Date

Daytime Phone #

727-822-7117

CR2E037 (5/01)