

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90182 002 ****61.25

DOCUMENT # N08850

1. Entity Name

HIDDEN LAKE VILLAS OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

344 LAKE HARRIS DR
 LAKELAND FL 33813

344 LAKE HARRIS DR
 LAKELAND FL 33813

001049

2. Principal Place of Business

361 LAKE HARRIS DR

3. Mailing Address

361 LAKE HARRIS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKELAND FL

City & State
LAKELAND FL

4. FEI Number
59-2717352

Applied For
 Not Applicable

Zip
33813

Country

Zip
33813

Country

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

SOUCY, TRUDY
344 LAKE HARRIS DR
LAKELAND FL 33813

Name **BOWERS, JIM G.**
 Street Address (P.O. Box Number is Not Acceptable)
361 LAKE HARRIS DR
 City **LAKELAND FL** Zip Code **33813**

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 **X** *[Signature]*

4-8-02

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 **PD** Delete
 NAME **SOUCY, TRUDY**
 STREET ADDRESS **344 LAKE HARRIS DR**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **PD** Change Addition
 NAME **BOWERS, JIM G.**
 STREET ADDRESS **361 LAKE HARRIS DR**
 CITY-ST-ZIP **LAKELAND, FL**

TITLE **T** Delete
 NAME **NICKELL, HARRY C**
 STREET ADDRESS **354 LAKE HARRIS DR**
 CITY-ST-ZIP **LAKELAND FL 32813**

TITLE **D** Change Addition
 NAME **NICKELL, HARRY C.**
 STREET ADDRESS **354 LAKE HARRIS DR**
 CITY-ST-ZIP **LAKELAND, FL**

TITLE **SD** Delete
 NAME **DIORENZO, MARY JANE**
 STREET ADDRESS **356 LK. HAMIS DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Change Addition
 NAME **FERRIDGEFORD, TERRY**
 STREET ADDRESS **362 LAKE HARRIS DR**
 CITY-ST-ZIP **LAKELAND, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Change Addition
 NAME **ORLANDO, MARY**
 STREET ADDRESS **338 LAKE HARRIS DR**
 CITY-ST-ZIP **LAKELAND, FL**

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: **X** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02
 Date Daytime Phone #

CR2E037 (9/01)