

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

0049003


FILED

03 MAY 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08850

1. Entity Name
HIDDEN LAKE VILLAS OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**361 LAKE HARRIS DRIVE
LAKELAND FL 33813**

Mailing Address
**361 LAKE HARRIS DRIVE
LAKELAND FL 33813**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2717352** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOWERS, JIM G
361 LAKE HARRIS DRIVE
LAKELAND FL 33813**

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 _____

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWERS, JIM G	
STREET ADDRESS	361 LAKE HARRIS DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICKELL, HARRY C	
STREET ADDRESS	354 LAKE HARRIS DRIVE	
CITY-ST-ZIP	LAKELAND FL 32813	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DILORENZO, MARY JANE	
STREET ADDRESS	356 LK HAMIS DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERRBLIDGEFORD, TERRY	
STREET ADDRESS	362 LAKE HARRIS DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORLANDO, MARY	
STREET ADDRESS	338 LAKE HARRIS DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bowers, Jim G	
STREET ADDRESS	361 Lake Harris Dr.	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nickell, Harry C	
STREET ADDRESS	354 Lake Harris Dr	
CITY-ST-ZIP	Lakeland FL	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Jane DiLorenzo	
STREET ADDRESS	356 Lake Harris Dr.	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	untill 6/1/03 Bridgetford, Terry Fox	
STREET ADDRESS	362 Lake Harris Dr.	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE	Director at Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wells, Dacie	
STREET ADDRESS	362 Lake Harris Dr.	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000197458	
STREET ADDRESS	05/22/03--01080--011 **61.25	
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: *Mary Jane DiLorenzo* 4/28/03 863-644-2354

CR2E037 (10/02)