

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N39020****1. Entity Name****HIDDEN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.****Principal Place of Business**

21141 PALM BEACH BLVD.

ALVA
33920

FL

Mailing Address

5753 HIDDEN HAMMOCK DRIVE

ALVA
33920

FL

2. Principal Place of Business

5753 HIDDEN HAMMOCK DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALVA

FL

City & StateZip
33920

Country

Zip

Country

4. FEI Number**65-0253765****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWATKINS JOHN JAY ESQ.
150 SOUTH MAIN STREETLABELLE FL
33935 US**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.**SIGNATURE** **07/10/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	SD	<input type="checkbox"/> Delete
NAME	MARMION CARY	
STREET ADDRESS	5753 HIDDEN HAMMOCK DRIVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AUSTIN GEORGE	
STREET ADDRESS	21141 PALM BEACH BLVD.	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREER DAVID	
STREET ADDRESS	5765 HIDDEN HAMMOCK DRIVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE SWITZER	
STREET ADDRESS	3007 70TH STREET SW	
CITY-ST-ZIP	NAPLES FL 33105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: CARY MARMION****SD****07/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)