

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

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90276 012 ****61.25

DOCUMENT # N39020
1. Entity Name
Hidden Hammock Property Owners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 S. Main Street
Suite, Apt. #, etc.
Suite 3
City & State
LaBelle, FL

3. Mailing Address
P.O. Box 250
Suite, Apt. #, etc.
City & State
LaBelle, FL

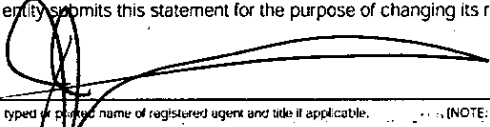
DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name John Jay Watkins
Street Address (P.O. Box Number is Not Acceptable)
150 S. Main Street
Suite 3
City LaBelle FL Zip Code 33935

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

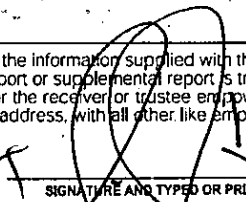
FEE IS \$61.25
Initial or Amended UBR

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	P/D Greer, David 5765 Hidden Hammock Drive Alva, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timpner, Wade 5997 Dragoon Court Alva, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Austin, George 1276 Commerce LaBelle, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **GEORGE AUSTIN, DIRECTOR** 8/2/02 863-675-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)