

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90745 004 ****61.25

DOCUMENT # N39020

1. Entity Name
HIDDEN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

~~150 S MAIN STREET~~
~~SUITE 3~~
~~LABELLE FL 33935~~

Mailing Address

~~PO BOX 250~~
~~LABELLE FL 33975~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

WADE T IMPNER
Suite, Apt. #, etc.

5997 DRAGON CT
City & State

ALVA, FL.

Zip
33920

Country
HENDRY

3. Mailing Address

WADE T IMPNER
Suite, Apt. #, etc.

5997 DRAGON CT
City & State

ALVA, FL.

Zip
33920

Country
HENDRY

4. FEI Number **65-0253765**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~WATKINS, JOHN JAY-ESQ.~~
~~150 SOUTH MAIN STREET~~
~~SUITE 3~~
~~LABELLE FL 33935~~

7. Name and Address of New Registered Agent

Name **WADE T. IMPNER**

Street Address (P.O. Box Number is Not Acceptable)
5997 DRAGON CT.

ALVA, FL. 33920

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-03

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 checked="" type="checkbox"/> Delete |
| NAME | GREER, DAVID | |
| STREET ADDRESS | 5765 HIDDEN HAMMOCK DRIVE | |
| CITY-ST-ZIP | ALVA FL 33920 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TIMPNER, WADE | |
| STREET ADDRESS | 5997 DRAGON COURT | |
| CITY-ST-ZIP | ALVA FL 33920 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | AUSTIN, GEORGE | |
| STREET ADDRESS | 1276 COMMERCE | |
| CITY-ST-ZIP | LABELLE FL 33935 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRITELLI, NICK | |
| STREET ADDRESS | 115 - 22nd Ave. SE | |
| CITY-ST-ZIP | ST. PETERSBURG, FL. 33705 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAYNE SWITZER | |
| STREET ADDRESS | 5261 HIDDEN HAMMOCK DR. | |
| CITY-ST-ZIP | ALVA, FL. 33920 | |
| 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)(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: **WADE T. IMPNER** **4-2-03 863-675-3119**

CR2E037 (10/02)