

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90309 038 ****61.25

DOCUMENT # N94000002472

1. Entity Name

HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

3627 UNIVERSITY BLVD
 STE 840
 JACKSONVILLE FL 32216
 US

3627 UNIVERSITY BLVD
 STE 840
 JACKSONVILLE FL 32216-7404
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3599 University Blvd

3. Mailing Address

3599 University Blvd,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Jacksonville, FL

JACKSONVILLE, FL

4. FEI Number

59-3308169

Applied For

Not Applicable

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

REINSCHMIDT, TIMOTHY W
3627 UNIVERSITY BLVD S
STE 840
JACKSONVILLE FL 32216

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

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: **D** Delete
 NAME: **CRASE, ROGER**
 STREET ADDRESS: **4542 SE 3RD PLACE**
 CITY-ST-ZIP: **KEYSTONE HEIGHTS FL 32656**

TITLE: **Director** Change Addition
 NAME: **Alex Hinley**
 STREET ADDRESS: **4517 SE 3rd place**
 CITY-ST-ZIP: **Keystone Heights, FL, 32656**

TITLE: **D** Delete
 NAME: **DABNEY, JACK**
 STREET ADDRESS: **4398 SE 1ST AVE**
 CITY-ST-ZIP: **KEYSTONE HEIGHTS FL 32656**

TITLE: **Director** Change Addition
 NAME: **Michael Redfeavn**
 STREET ADDRESS: **P.O. Box 81**
 CITY-ST-ZIP: **Keystone Heights, FL, 32656**

TITLE: **D** Delete
 NAME: **REINSCHMIDT, TIMOTHY W**
 STREET ADDRESS: **3627 UNIVERSITY BLVD, STE 840**
 CITY-ST-ZIP: **JACKSONVILLE FL 32216**

TITLE: Change Addition
 NAME: **3599 University Blvd, Suite A**
 STREET ADDRESS: **Jacksonville, FL, 32216**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

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 I am empowered.

SIGNATURE: *Timothy W. Reinhardt* **REINSHMIDT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

(904) 858-7488
 Daytime Phone #

CR2E037 (9/99)