

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90010 032 \*\*\*\*61.25

0011924

**DOCUMENT # N94000002472**

1. Entity Name

**HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

3599 UNIVERSITY BLVD  
 STE A  
 JACKSONVILLE FL 32216  
 US

3599 UNIVERSITY BLVD  
 STE A  
 JACKSONVILLE FL 32216  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3308169**

Applied For  
 Not Applicable

Zip Country

Zip Country

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 NAME  Delete  
**D HINLEY, ALEX**  
 STREET ADDRESS **4517 SE 3RD PLACE**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D REDFEAVN, MICHAEL**  
 STREET ADDRESS **PO BOX 81**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D REINSCHMIDT, TIMOTHY W**  
 STREET ADDRESS **3599 UNIVERSITY BLVD., SUITE A**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
 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 employed 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 employees.

SIGNATURE: *Timothy W. Reinschmidt*

4/29/01

(904) 858-7488

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE