

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91269 013 ****61.25

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**

400000



DO NOT WRITE IN THIS SPACE

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	D	<input type="checkbox"/> Delete
NAME	HINLEY, ALEX	
STREET ADDRESS	4517 SE 3RD PLACE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDFEAVN, MICHAEL	
STREET ADDRESS	PO BOX 81	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	REINSCHMIDT, TIMOTHY W	
STREET ADDRESS	3599 UNIVERSITY BLVD., SUITE A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 another like empowered.

SIGNATURE: *Timothy W. Reinschmidt* **Timothy W. Reinschmidt** 5/1/02 (904)858-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)