

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90134 021 ****61.25

DOCUMENT # N96000003302

1. Entity Name

HIDDEN LAKES MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**35 FAIRGREEN AVENUE
 NEW SMYRNA BEACH FL 32168**

**35 FAIRGREEN AVENUE
 NEW SMYRNA BEACH FL 32168-6198**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3422274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERSON, SID C JR.
 418 CANAL STREET
 NEW SMYRNA BEACH FL 32168**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	MARCEAU GERARD	
STREET ADDRESS	4 BIRDIE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AYLWIN GEORGE	
STREET ADDRESS	621 S PINE ST	
CITY-ST-ZIP	NEWSMYRNA BEACH FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLESHER JAMES	
STREET ADDRESS	814 E 26TH AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RIENSEMA, LUKEN	
STREET ADDRESS	201 GOLF CLUB DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, JAMES	
STREET ADDRESS	316 CITRUS OPEN DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITMAN, JOHN	
STREET ADDRESS	715 FAIRWAY DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, JAMES	
STREET ADDRESS	102 GOLF CLUB DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH - FL 32168	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPE, DAVID	
STREET ADDRESS	9 ANDREA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH - FL 32168	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, RUSSELL	
STREET ADDRESS	7 ANDREA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH - FL 32168	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELMDRE, RAY	
STREET ADDRESS	41 FORE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH - FL 32168	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, WILLIAM	
STREET ADDRESS	7030 TURTLE MOUND ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH - FL 32169	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTH, WILLIAM	
STREET ADDRESS	35 CALUMET AVE	
CITY-ST-ZIP	PONCE INLET - FL 32127	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/2000 (904) 427-5996

CR2E037 (9/99)