

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90076 048 ****61.25

DOCUMENT # N96000003302

1. Entity Name

HIDDEN LAKES MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168	Mailing Address 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168
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103553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3422274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CAPE, DAVID	
STREET ADDRESS	9 ANDREA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, RUSSELL	
STREET ADDRESS	7 ANDREA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
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 type="checkbox"/> Delete
NAME	ELMORE, RAY	
STREET ADDRESS	41 FORE 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, WILLARD	
STREET ADDRESS	LAKE FAIRGREEN CIRCLE 15	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, THOMAS	
STREET ADDRESS	25 STYMIE LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, JOSEPH	
STREET ADDRESS	144 CEDAR DUNES	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
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: *[Signature]* **LUKEN-RIENSEMA-TREASURER - 1/8/02 - (386)427-5996**

CR2E037 (9/01)