

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08128

1. Entity Name

HIDDEN LAKE OWNERS' ASSOCIATION, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90098 026 ****61.25

Principal Place of Business

Mailing Address

7304 NW 21ST WAY
GAINESVILLE FL 32653

7304 NW 21ST WAY
GAINESVILLE FL 32653-0918

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

59-2698301

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

HART, ANNA LAURIE
7319 NW 21ST COURT
GAINESVILLE FL 32653

Name

BERNICE WALKOWIAK

Street Address (P.O. Box Number is Not Acceptable)

2135 NW 72nd PL

City

GAINESVILLE

FL

Zip Code

32653

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

Bernice Walkowiak, BERNICE WALKOWIAK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/00

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	DT	<input checked="" type="checkbox"/> Delete
NAME	HART, ANNA LAURIE	
STREET ADDRESS	7319 NW 21ST COURT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WATTS, CYNTHIA	
STREET ADDRESS	2128 NW 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	FORT, GUERIAN	
STREET ADDRESS	7234 NW 21ST WAY	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	EDDINS, BARBARA	
STREET ADDRESS	2114 NW 72ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWNETT, MARY L.	
STREET ADDRESS	7323 NW 21ST COURT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Eddins	
STREET ADDRESS	2114 NW 72nd PL	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Boudrot	
STREET ADDRESS	7405 NW 21st Way	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rene St. Onge	
STREET ADDRESS	7318 NW 21st Ct.	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becci Miller	
STREET ADDRESS	7418 NW 21st Way	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernice Walkowiak	
STREET ADDRESS	2135 NW 72nd PL	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
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:

Bernice Walkowiak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2000 3523785589

Date

Daytime Phone #

CR2E037 (9/99)