

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08590

1. Entity Name

HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION, ✓

Principal Place of Business

Mailing Address

P.O. BOX 692001  
ORLANDO FL 32869-2001  
US

P.O. BOX 692001  
ORLANDO FL 32869-2001  
US

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

59-3035323

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

CONRAD JANET  
5939 PITCH PINE  
ORLANDO FL 32819

Name

~~Joseph Imperial~~

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

5821 Pitch Pine Drive

City

ORLANDO

FL

Zip Code

32819

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARSDEN, WAYNE	
STREET ADDRESS	5748 CEDAR PINE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLOWARD ROBERT	
STREET ADDRESS	4951 CASPIAN CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CONRAD JANET	
STREET ADDRESS	5939 PITCH PINE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER DARLENE	
STREET ADDRESS	5931 PITCH PINE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PAPERNY, JANICE	
STREET ADDRESS	5609 PITCH PINE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Imperial	
STREET ADDRESS	5821 Pitch Pine Drive	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	VPD (1)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Brindle	
STREET ADDRESS	7812 Pine Marsh Court	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	VPD (2)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Brindle	
STREET ADDRESS	7812 Pine Marsh Court	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernadette Mangan	
STREET ADDRESS	5404 Sago Palm Court	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberta Bardenett	
STREET ADDRESS	5515 Pine Shade Court	
CITY-ST-ZIP	Orlando FL 32819	
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:

*Bernadette Mangan* Bernadette Mangan 7/11/00 (407) 352-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

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