

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
03-27-2001 90048 009 \*\*\*\*61.25

**DOCUMENT # N29500**

1. Entity Name

**HIDDEN LAKE AT TURTLE RUN HOMEOWNERS ASSOCIATION**

**818492**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O AJ WALLACE MGMT  
PO BOX 273632  
BOCA RATON FL 33427  
US

C/O AJ WALLACE MGMT  
PO BOX 273632  
BOCA RATON FL 33427  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0118145**

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

**SCHNER, LARRY E**  
**750 S DIXIE HWY**  
**BOCA RATON FL 33432**

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** ☐ Delete  
NAME **DESANTIS, BONNIE**  
STREET ADDRESS **6251 NW 44 ST**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **SHEFFIELD, LINDA**  
STREET ADDRESS **6202 NW 43 AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **DREW, FRED**  
STREET ADDRESS **4370 NW 62 TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **MITCHELL, STEVE**  
STREET ADDRESS **4301 NW 62ND TERR**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **SD** ☐ Delete  
NAME **DILAURA, BARB**  
STREET ADDRESS **6217 NW 42 COURT**  
CITY-ST-ZIP **CORAL SPGS FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☒ Delete  
NAME **GOLDSTEIN, ROBERT**  
STREET ADDRESS **4351 NW 63RD AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **PD** ☐ Change ☒ Addition  
NAME **KNUTSEN, CRAIG**  
STREET ADDRESS **4323 NW 62nd Ave**  
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **CRAIG KNUTSEN**  
**President**

**2-19-01 954-340-9332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)