

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29500

1. Entity Name

HIDDEN LAKE AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90046 009 ****61.25

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

7932 Wiles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0118145

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

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

Name

Katzman & Korr

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

5581 W. Oakland Park Blvd

Second Floor

City

Lauderhill

FL

Zip Code

33313

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 **Director** ☐ Change ☒ Addition
NAME **Kessler, Edward**
STREET ADDRESS **4300 NW 62 Ave**
CITY-ST-ZIP **Coral Springs, FL 33067**

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 **VD** ☐ Delete
NAME **MITCHELL, STEVE**
STREET ADDRESS **4301 NW 62ND TERR**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

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 **PD** ☐ Delete
NAME **KNUTSEN, CRAIG**
STREET ADDRESS **4323 NW 62ND AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02

1/30/02

Date

Daytime Phone #

CR2E037 (9/01)