

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 003 ***61.25

DOCUMENT # **N08128**

1. Entity Name

Hidden Lake Owners' Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2116 NW 74 Place
Suite, Apt. #, etc.

3. Mailing Address

2116 NW 74 Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

59-2698301

Applied For

Not Applicable

Zip **32653**

Country **U.S.A.**

Zip **32653**

Country **U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

7. Name and Address of Current Registered Agent

Name

Denise Follenius

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

7416 NW 21 Court

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

Denise Follenius

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.20.02

FEE IS \$61.25

Initial or Amended UBR

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	DTreasurer
NAME	Denise Follenius
STREET ADDRESS	7416 N.W. 21 Court
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	DVP
NAME	Linda Matts
STREET ADDRESS	7122 NW 72 Place
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	DPresident
NAME	Lori Wheeler
STREET ADDRESS	7318 NW 21 Court
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	Dsecretary
NAME	Justine South
STREET ADDRESS	2128 NW 74 place
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	D.Director
NAME	Jennifer chewing
STREET ADDRESS	2129 NW 74 Place
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise Follenius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.02 (352) 377-9123

Date

Daytime Phone #

CR2E037B (12/01)