


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N08590</b>			
1. Entity Name <b>HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business P.O. BOX 692001 ORLANDO, FL 32869-2001 US		Mailing Address 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		Zip	
Country		Country	
4. FEI Number <b>59-3035323</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MANGAN, BERNADETTE 6404 SAGO PALM COURT ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Bernadette Mangan</i>		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required when appointing)	
FILE NOW - FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME BARDENETT, TOM	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME <i>Charles Bornemann</i>
STREET ADDRESS 6616 PINE SHADE COURT	CITY-ST-ZIP ORLANDO, FL 32819	STREET ADDRESS <i>5518 Pitch Pine Dr</i>	CITY-ST-ZIP <i>Orl. 32819</i>
TITLE VPD1	NAME BRINDLE, JOAN	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 7612 PINE MARSCH COURT	CITY-ST-ZIP ORLANDO, FL 32819	STREET ADDRESS	CITY-ST-ZIP
TITLE VPD2	NAME BRINDLE, ROBERT	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 7612 PINE MARSH COURT	CITY-ST-ZIP ORLANDO, FL 32819	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME HOLLINGSWORTH, JANE	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 6607 PITCH PINE DR	CITY-ST-ZIP ORLANDO, FL 32819	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME TAYLOR, PHYLLIS	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME <i>Michelle Baumann</i>
STREET ADDRESS 6527 PINE SHADE CT	CITY-ST-ZIP ORLANDO, FL 32819	STREET ADDRESS <i>5434 Sago Palm Ct</i>	CITY-ST-ZIP <i>Orlando FL 32819</i>
TITLE 1VP	NAME HAWKINS, FRED	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 5441 SPLIT PINE CT	CITY-ST-ZIP ORLANDO, FL 32819	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)(l), 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: <i>Michelle A Baumann</i>		Date: <i>4-17-03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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CHECK HERE IF MAKING CHANGES

CR2E037 (1/02)