

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90014 030 ****61.25

DOCUMENT # 747213

1. Entity Name

HIDDEN BAY VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7310 SUNSHINE SKYWAY LANE S
 ST PETE FL 33711
 US

7310 SUNSHINE SKYWAY LANE SOUTH
 ST PETE FL 33711-5107
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2124427

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

DUGGAR, ROLFE D.
4699 CENTRAL AVENUE
ST. PETERSBURG FL 33701

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	PD	<input type="checkbox"/> Delete
NAME	CAMBELL, DIANNA	
STREET ADDRESS	7310 SUNSHINE SKYWAY LANE S #117	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PFEIFFER, BARBARA	
STREET ADDRESS	7300 SUNSHINE SKYWAY LANE S #204	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NORTON, DELORIS	
STREET ADDRESS	7300 SUNSHINE SKYWAY LANE S #103	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLBURN, JANET	
STREET ADDRESS	7300 SUNSHINE SKYWAY LANE S #208	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, Dianna	
STREET ADDRESS	7310 Sunshine Skyway Lane S #117	
CITY-ST-ZIP	St Petersburg FL 33711	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D Brown	
STREET ADDRESS	7310 Sunshine Skyway Lane S #119	
CITY-ST-ZIP	St Petersburg FL 33711	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald E Costello	
STREET ADDRESS	7310 Sunshine Skyway Lane S #215	
CITY-ST-ZIP	St Petersburg FL 33711	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deloris B Norton	
STREET ADDRESS	7300 Sunshine Skyway Lane S #103	
CITY-ST-ZIP	St Petersburg FL 33711	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald G Sharpe Jr	
STREET ADDRESS	7310 Sunshine Skyway Lane S #216	
CITY-ST-ZIP	St Petersburg FL 33711	
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:

Deloris B Norton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deloris B Norton

03-06-00

727 864-4068

Date

Daytime Phone #

CR2E037 (9/99)