

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90104 016 ****61.25

DOCUMENT # 749327

1. Entity Name

HIDDEN BANYAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1202 S LAKE DR
LANTANA FL 33462
US

Mailing Address

1202 S LAKE DR
LANTANA FL 33462
US

2. Principal Place of Business

1202 S. LAKE DR

Suite, Apt. #, etc.

3. Mailing Address

1202 S. LAKE DR

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

LANTANA FL

4. FEI Number **59-2155932**

Applied For

Not Applicable

Zip

33462

Country

PALE BEACH

Zip

33462

Country

PALE BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

THACKER, DAN

1202 S. LAKE DR #107
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

MAXINE DINUNZIO

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

1202 S. LAKE DR #202

City

LANTANA

FL

Zip Code

33462

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 **MAXINE DINUNZIO** **MAXINE DINUNZIO** **3-5-03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THACKER, DAN	
STREET ADDRESS	1202 S LAKE DRIVE # 101	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, MIKE	
STREET ADDRESS	1202 S LAKE DRIVE #504	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANDERS, LARRY	
STREET ADDRESS	1202 S LAKE DRIVE #102	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXINE DINUNZIO	
STREET ADDRESS	1202 S. LAKE DR #202	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard Pernuquet	
STREET ADDRESS	1202 S. LAKE DR #302	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY PASIAK	
STREET ADDRESS	1202 S. LAKE DR #102	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **MAXINE DINUNZIO**
SIGNATURE REQUIRED

3-5-03 561 586 6890

CR2E037 (10/02)