

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90073 008 \*\*\*\*61.25

**DOCUMENT # 756589**

1. Entity Name

HIDDEN WATERS CIVIC ASSOCIATION, INC.

(R)

Principal Place of Business

2786 QUAILS NEST DRIVE  
GREEN COVE SPRINGS FL 32043

Mailing Address

2786 QUAILS NEST DRIVE  
GREEN COVE SPRINGS FL 32043-9474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2295460

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

CARVER, GENE

2750 HIDDEN WATER DR N  
GREEN COVE SPRINGS FL 32043

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

*Gene Carver*

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

(NOTE: Registered Agent signature required when reinstating)

4-18-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
FARMER, RHONDA  
2270 HIDDEN WATERS DR W  
GREEN COVE SPRGS FL 32043-9456

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
MOLDER, LYNN  
2250 HIDDEN WATERS DR W  
GREEN COVE SPRGS FL 32043-9456

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
CAILLE, HELEN  
2744 WOODPECKER RD  
GREEN COVE SPRGS FL 32043-9456

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
LEMAI THOMAS  
2226 HIDDEN WATERS DR E  
GREEN COVE SPRGS FL 32043-9456

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
SHIRLEY, MICHAEL  
2144 BLACK CREEK TRAIL  
GREEN COVE SPRGS FL 32043-9456

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*LEMAI THOMAS*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
IVAN WENDORS  
2040 HIDDEN WATERS DR W  
GREEN COVE SPRGS. FL 32043-9456

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SEC  
CATHERYN WILLIAMS  
2295 HIDDEN WATERS DR E  
GREEN COVE SPRGS. FL 32043-9456

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*St. Helen M. Caille*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

904-291-1941

Daytime Phone #