## 2000 UNIFORM BUSINESS REPORT (USS)

## DOCUMENT # 756589

1. Entity Name

## HIDDEN WATERS CIVIC ASSOCIATION, INC.



4/2

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

1,1,555				/		04-22-20	00 9007	3 008 **	**61.25
Principal Place of Business		Mailing Address							
		2786 QUAILS NEST DRIVE GREEN COVE SPRINGS FL	JAILS NEST ORIVE COVE SPRINGS FL 32043-9474				<u> </u>		
	•	•				<i>i</i> =1			
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-2295460	; !		oplied For of Applicable
Zip	Country	Ζīρ	Country		5. Certificate of	f Status Desired		\$8.75 Ad	
	6. Name and Address of Current F	legistered Agent			7. Name and /	Address of New Ro	gistered /	gent	
			Name*	₩ · "		•	1		
CARVER, GENE			Street	Address (F	O. Box Number	is Not Acceptable)	!		
	DEN WATER DR N OVE SPRINGS FL 32043				1-1		:		
CILLII O	OVE OF FRINGO FE SESTO		City				FL	Zip Cod	le
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office o	or registere	ed agent, or both	, in the state of Flor	ida.		
SIGNATURE	Heme Carre	· Preso				4-18	DATE	0	
	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE:	Registered Agent algor	sture required v	when reinstating)		DATE		
······································	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribut		\$5.04 Added	May Be to Fees			Payable to of State	)
10.	FEE IS \$61.25	Trust Fund Contribut		Added	to Fees	, Dep	iartment :	of State	
10. HILEWAY \$2	FEE IS \$61.25  OFFICERS AND DIRI	Trust Fund Contribut	ion, 🗆	Added	DDITIONS/CHA	NGES TO OFFICER	artment : IS AND DI	of State  RECTORS IN	10 SAddition
NAME NEAD	FEE IS \$61.25  OFFICERS AND DIRI ISD FARMER, RHONDA	Trust Fund Contribut	11.	Added	DDITIONS/CHA	Dep	artment : IS AND DI	of State  RECTORS IN	10 SAddition
TITLEWAYS	FEE IS \$61.25  OFFICERS AND DIRI SD FARMER, RHONDA 2270 HIDDEN WATERS DR W	Trust Fund Contribut	11.	Added  A  i V.  2 0	DDITIONS/CHA  AN W  40 Hin	Dep NGES TO OFFICER ENDO REF DO ENUM	IS AND DI	of State  RECTORS IN  Change  Change	V 10
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12. I hereby certify that the information supplied with this filling 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 suppliemental 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:

5/Lel INAM TOWILLO

4-18.00

904-29/-1941 Dayirne Phone