2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # **756589** 1. Entity Name HIDDEN WATERS CIVIC ASSOCIATION, INC. 04-19-2001 90082 008 ****61 Principal Place of Business Mailing Address 2786 QUAILS NEST DRIVE 2786 QUAILS NEST DRIVE GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2295460 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ==== -7.-Name and Address of New Registered Agent ---Name Street Address (P.O. Box Number is Not Acceptable) CARVER, GENE 2750 HIDDEN WATER DR N **GREEN COVE SPRINGS FL 32043** Zip Code FL 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. 14,2001 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD TITLE TITLE Addition 🔀 Delete Change IVAN WENDORF FARMER, RHONDA NAME NAME 2240 Hidden WATERS DR W. STREET ADDRESS 2270 HIDDEN WATERS DR W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREEN COVE SPRGS FL 32043-9456 GREEN COVE SPRINGS, FI 32043 SD TITLE Delete 🔀 Change TITLE ☐ Addition NAME MOLDER, LYNN NAME KITTY WILLIAMS STREET ADDRESS 2250 HIDDEN WATERS DR W STREET ADDRESS GREEN COVE SPRINGS, F. 32043 CITY-ST-ZIP CITY-ST-ZIP GREEN COVE SPRGS FL 32043-9456 SD TITLE Change ☐ Delete TITLE ■ Addition Helen Caille NAME CAILLE, HELEN NAME 2744 Wood pecker Rd. Green Cove Springs, Fl. 32043 STREET ADDRESS 2744 WOODPECKER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREEN COVE SPRGS FL 32043-9456 TITLE ☐ Delete TITLE ☐ Addition NAME LEMAY THOMAS NAME Thomas Lemay 2226 Hidden waters Dr. E. STREET ADDRESS 2226 HIDDEN WATERS DR E STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, F1. 32043 CITY-ST-ZIP GREEN COVE SPRGS FL 32043-9456 TITLE ☐ Delete TITI F ☐ Addition BRC SHIRLEY, MICHAEL NAME NAME Michael Shirley STREET ADDRESS 2144 BLACK CREEK TRAIL STREET ADDRESS FREEN ONE SPRINGS, F1. 32043 CITY-ST-ZIP CITY-ST-7IP GREEN COVE SPRGS FL 32043-9456 Delete TiTi F ☐ Addition Rhonda FARMER 2270 Hidden WATERS DR. W. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GREEN COVE SPRINGS, F.J. 33043 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.

FILED

ATURE: STABLUSE MEASURED OF 14, 201 904.29/-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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