

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90053 048 ****61.25

DOCUMENT # 757667

1. Entity Name

HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3035 66TH AVE N
 LOT 111
 SAINT PETERSBURG FL 33702
 US**

Mailing Address

**3035 66TH AVE N
 LOT 111
 SAINT PETERSBURG FL 33702
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCKEE, CAROL
 3035 66TH AVENUE NORTH, LOT 111
 ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

Name **NO CHANGE**
 Street Address (P.O. Box Numbers 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

Carol A McKee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-2001

**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

TITLE **SD** ☐ Delete
 NAME **LOCKWOD, JAMES**
 STREET ADDRESS **3035 66TH AVE N LOT 28**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **TD** ☐ Delete
 NAME **BAILEY, DONALD**
 STREET ADDRESS **3035 66TH AVENUE NORTH, LOT 38**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **VPD** ☐ Delete
 NAME **ROOTHAM, KENNETH**
 STREET ADDRESS **3035 66TH AVE NO. LOT 66**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **VPD** ☐ Delete
 NAME **MCALPINE, PATRICIA**
 STREET ADDRESS **3035 66TH AVE LOT 98**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **MCKEE, CAROL PD**
 STREET ADDRESS **3035-66TH AVEN LOT 111**
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Change ☐ 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:

Carol A McKee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2001 7275224756
 Date Daytime Phone #

CR2E037 (10/00)