

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-16-2000 90066 045 ****61.25

DOCUMENT # 770510

1. Entity Name

HIDDEN OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3303 HIDDEN TIMBER LANE
 WINTER PARK FL 32792

Mailing Address

3303 HIDDEN TIMBER LANE
 WINTER PARK FL 32792-6572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2517749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTZOG, SHARI
C/O HIDDEN OAKS
3303 HIDDEN TIMBER LANE
WINTER PARK FL 32792

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

Shari Hartzog

3-10-00

Signature, typed or printed name of registered agent and date 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SLOCUM, RON	
STREET ADDRESS	3399 CEDAR SPRINGS PL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, DON	
STREET ADDRESS	3303 HIDDEN TIMBER LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KEENER, BERT	
STREET ADDRESS	3221 OAK LAKE PL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUDER, JAMES B	
STREET ADDRESS	459 MEADOWOOD BLVD	
CITY-ST-ZIP	FERN PARK FL 32738	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, OMAR	
STREET ADDRESS	7305 FOREST HILL CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME	<i>Direct Christine</i>	
STREET ADDRESS	<i>1708 Woodburn Ct</i>	
CITY-ST-ZIP	<i>Winter Park FL 32792</i>	

TITLE	1 Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Karen Stauffer</i>	
STREET ADDRESS	<i>7330 Cedar Creek Ct.</i>	
CITY-ST-ZIP	<i>Winter Park FL 32792</i>	
TITLE	2 Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bill Gladden</i>	
STREET ADDRESS	<i>419 G. eagles Way</i>	
CITY-ST-ZIP	<i>Rockledge FL 32955</i>	
TITLE	3 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Carmen Ramas</i>	
STREET ADDRESS	<i>3305 Cedar Springs Place</i>	
CITY-ST-ZIP	<i>Winter Park FL 32792</i>	
TITLE	4 President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>James B. Souder</i>	
STREET ADDRESS	<i>459 Meadowood Blvd.</i>	
CITY-ST-ZIP	<i>Fern Park FL 32738</i>	
TITLE	5 Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Jacquelyn Perez</i>	
STREET ADDRESS	<i>7453 Wynwood Square</i>	
CITY-ST-ZIP	<i>Winter Park FL 32792</i>	
TITLE	6 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Abraham Ippolito</i>	
STREET ADDRESS	<i>7330 Cedar Creek Ct.</i>	
CITY-ST-ZIP	<i>Winter Park, FL 32792</i>	

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:

Jacquelyn Perez

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

407-657-2465

CR2E037 (9/99)