

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90002 013 \*\*\*\*61.25

**DOCUMENT # 770510**

1. Entity Name

**HIDDEN OAKS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3303 HIDDEN TIMBER LANE  
 WINTER PARK FL 32792

3303 HIDDEN TIMBER LANE  
 WINTER PARK FL 32792

LUUZZ100



DO NOT WRITE IN THIS SPACE

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

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~~ *JA, 01/31/01*

Name **TIM H. ATKINS, LCAM, PROPERTY MGR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O HIDDEN OAKS CONDOMINIUM ASSOC., INC.**  
**3303 HIDDEN TIMBER LANE**  
 City **WINTER PARK** FL Zip Code **32792**

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 **TIM H. ATKINS, LCAM** *Tim H. Atkins* DATE **Jan. 31, 2001**

Signature, typed or printed name of registered agent and title 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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SLOCUM, RON 3399 CEDAR SPRINGS PL WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, DON 3303 HIDDEN TIMBER LANE WINTER PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEENER, BERT 3221 OAK LAKE PL WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUDER, JAMES B 459 MEADOWOOD BLVD FERN PARK FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, OMAR 7305 FOREST HILL CT WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SOUDER, JAMES B. 459 MEADOWOOD BLVD. FERN PARK, FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KAREN L. STAUFFER 7330 CEDAR CREEK CT. WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER CARMEN M. RAMOS 3365 CEDAR SPRINGS PL. WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **CARMEN M. RAMOS, SEC. TREAS.** *Carmen M. Ramos* 01/31/01 (407-657-2465)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)