

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90135 041 \*\*\*\*61.25

DOCUMENT # **770510**  
1. Entity Name  
*Hidden Oaks Condominium Association INC*

**DO NOT WRITE IN THIS SPACE**

**830610**

2. Principal Place of Business  
*3303 Hidden Timber Lane*  
Suite, Apt. #, etc.  
*WINTER PARK FLORIDA*  
City & State

3. Mailing Address  
*3303 Hidden Timber Lane*  
Suite, Apt. #, etc.  
*WINTER PARK FL*  
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*59-251 7749*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Zip  
*32792*  
Country  
*ORANGE*

7. Name and Address of Current Registered Agent  
Name  
*Mr. GERSON TORRES*  
Street Address (P.O. Box Number is Not Acceptable)  
*3302 Amberwood Way*  
City  
*WINTER PARK* **FL** Zip Code  
*32792*

**DO NOT WRITE  
IN THIS SPACE**

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 *Mason Torres* *4/5/02*  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT BERT KEENER 3221 OAK LAWN PLACE WINTER PARK FL 32792</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VICE PRESIDENT GERSON TORRES 3302 Amberwood Way WINTER PARK FL 32792</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TREASURER Jocelyn DELGADO 7440 WOODBURN COURT WINTER PARK FL 32792</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY JENNIFER KENNY 3358 CEDAR SPRING PLACE WINTER PARK FL 32792</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR HEATHER RUSSELL 3236 OAK LAWN PLACE WINTER PARK FL 32792</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR JENNIFER SULLIVAN 7453 Belle RIVER COURT WINTER PARK FL 32792</i>

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Bert Keener* *BERT KEENER, PRESIDENT* *4/4/2002* *407/657-2465*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)