

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90174 047 ****61.25

DOCUMENT # 770707

1. Entity Name

THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATIO

Principal Place of Business

Mailing Address

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2519482

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

HART, JAMES W JR
SENTRY MANAGEMENT INC
 2180 W SR 434 STE 5000
 LONGWOOD FL 32779

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

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 Delete
 NAME **PD**
 STREET ADDRESS **EVERLY, MICHELE**
 CITY-ST-ZIP **129 HIDDEN ARBOR CT. SANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **GENTILE, JEANETTE**
 CITY-ST-ZIP **2313 S PENINSULA DR DAYTONA BEACH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS **412 POINSETTIA RD.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE Delete
 NAME **SD**
 STREET ADDRESS **FERGUSON, SHIRLEY**
 CITY-ST-ZIP **204 ARBOR CIR SANFORD FL 32773**

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **Arlene Fitzpatrick**
 CITY-ST-ZIP **135 HIDDEN Arbor Court Sanford FL 32773**

TITLE Delete
 NAME **D**
 STREET ADDRESS **EARL, GARY**
 CITY-ST-ZIP **207 ARBOR CIR SANFORD FL 32773**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **STD**
 STREET ADDRESS **Florence Carauso**
 CITY-ST-ZIP **131 Hidden Arbor Court Sanford FL 32773**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Arlene Fitzpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)