

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770707

01-23-2002 90039 041 ****61.25
770707

1. Entity Name

THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 JAN 30 AM 9:16

Principal Place of Business 131 HIDDEN ARBOR COURT SANFORD FL US	Mailing Address P.O. BOX 951598 LAKE MARY FL 32785-1598
---	---

2. Principal Place of Business Same as above	3. Mailing Address Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-2519482	Applied For Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Florence Caruso 131 Hidden Arbor Court Sanford, FL 32773		7. Name and Address of New Registered Agent 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 Florence Caruso (NOTE: Registered Agent signature required when reinstating) DATE 1/11/02

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P MANSKER, JOHN 545 LAKE SHORE CIR. LAKE MARY FL 32748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Teicher, Howard 121 Hidden Arbor Court Sanford, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEICHER, HOWARD 121 HIDDEN ARBOR COURT SANFORD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kipp, James 122 Hidden Arbor Court Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARUSO, FLORENCE M 131 HIDDEN ARBOR COURT SANFORD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Caruso, Florence M 131 Hidden Arbor Court Sanford, FL 32773 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMRICK, DEANNA 129 E. GOOD HART LAKE MARY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Santapadre, Kimberly 229 Arbor Circle Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, MARGIT 215 HIDDEN ARBOR COURT SANFORD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mason, Sharon L. 113 Hidden Arbor Ct. Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESS, RICHARD 108 PINE CIRCLE DR. LAKE MARY FL 32748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1/13/02</u> <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: Florence Caruso SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/11/02 DAYTIME PHONE # 407-324-5911

CR2E037 (9/01)