
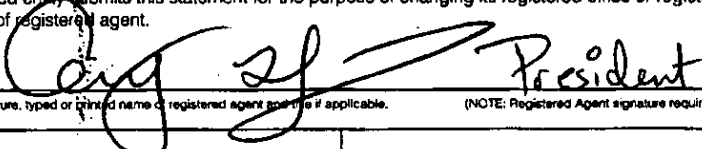



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

3/1

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-17-2003 90126 022 ****61.25

DOCUMENT # 770707			
1. Entity Name THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 131 HIDDEN ARBOR COURT SANFORD FL US		Mailing Address P.O. BOX 951598 LAKE MARY FL 32795-1598	
2. Principal Place of Business		3. Mailing Address 135 W. Pineview St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Altamonte Springs, FL	
Zip		Zip 32714-2006	
Country		Country US	
4. FEI Number 59-2519482		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARUSO, FLORENCE M 131 HIDDEN ARBOR COURT SANFORD FL		PRESIDENTIAL GROUP SOUTH, INC 135 W. Pineview St. Altamonte Springs FL 32714-2006	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 3/11/03	
Signature, typed or printed name of registered agent (if applicable). (NOTE: Registered Agent signature required when reinstating)		Title: President	
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 Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TEICHER, HOWARD		NAME:	
STREET ADDRESS: 121 HIDDEN ARBOR COURT		STREET ADDRESS:	
CITY-ST-ZIP: SANFORD FL 32773		CITY-ST-ZIP:	
TITLE: DV <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: KIPP, JAMES		NAME:	
STREET ADDRESS: 122 HIDDEN ARBOR COURT		STREET ADDRESS:	
CITY-ST-ZIP: SANFORD FL 32773		CITY-ST-ZIP:	
TITLE: DT <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CARUSO, FLORENCE M		NAME:	
STREET ADDRESS: 131 HIDDEN ARBOR COURT		STREET ADDRESS:	
CITY-ST-ZIP: SANFORD FL 32773		CITY-ST-ZIP:	
TITLE: DS <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SANTAPADRE, KIMBERLY		NAME:	
STREET ADDRESS: 229 ARBOR CIRCLE		STREET ADDRESS:	
CITY-ST-ZIP: SANFORD FL 32773		CITY-ST-ZIP:	
TITLE: D <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MASON, SHARON L		NAME:	
STREET ADDRESS: 113 HIDDEN ARBOR COURT		STREET ADDRESS:	
CITY-ST-ZIP: SANFORD FL 32773		CITY-ST-ZIP:	
TITLE: D <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FESS, RICHARD		NAME:	
STREET ADDRESS: 106 PINE CIRCLE DR.		STREET ADDRESS:	
CITY-ST-ZIP: LAKE MARY FL 32748		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: 		DATE: 3/11/03	
Signature and typed or printed name of signing officer or director		Daytime Phone #: 407 682-3355	

CR2E037 (10/02)