

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50992

1. Entity Name

HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, IN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90210 036 ***150.00

Principal Place of Business

HIDDEN VALLEY
11631 JUREANE DR
ORLANDO FL 32836
US

Mailing Address

11631 JUREANE DR
ORLANDO FL 32836-6120
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2627785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMALTZ, RAYMOND
887 ORIMSON TIDE LANE
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name

GALLIGAN, FRED

Street Address (P.O. Box Number is Not Acceptable)

11200 KIMMY LANE

ORLANDO, FL 32836

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 **FRED GALLIGAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SCHMALTZ, RAYMOND | |
| STREET ADDRESS | 8877 CRIMSON TIDE LN. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BOWERS, JOHN | |
| STREET ADDRESS | 11348 COMMODORE LANE | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BOWERS, CORDELIA | |
| STREET ADDRESS | 11348 COMMODORE LN | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAMPARSKI, FRANK | |
| STREET ADDRESS | 11638 JUREANE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCCULLOUGH, RICHARD | |
| STREET ADDRESS | 11631 JUREANE DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | METHEWS, JUDY | |
| STREET ADDRESS | 11681 JUREANE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GALLIGAN, FRED | |
| STREET ADDRESS | 11200 KIMMY LANE | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STALLARD, GORDON | |
| STREET ADDRESS | 8905 HIDDEN VILLAGE BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRED GALLIGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/2000

(407) 238-1673

Daytime Phone #

CR2F034 (9/99)