

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-26-2001 90076 029 ***150.00

DOCUMENT # H50992

1. Entity Name

HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, IN

Principal Place of Business

**HIDDEN VALLEY
 11631 JUREANE DR
 ORLANDO FL 32836
 US**

Mailing Address

**11631 JUREANE DR
 ORLANDO FL 32836
 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

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GALLIGAN, FRED
 11200 KIMMY LANE
 ORLANDO FL 32836**

7. Name and Address of New Registered Agent

Name
RAGER, FLOYD
 Street Address (P.O. Box Number is Not Acceptable)
11328 COMMODORE LANE
 City **ORLANDO** FL Zip Code **32836**

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, with title if applicable

FLOYD RAGER

(NOTE: Registered Agent signature required when re-registering)

1/17/01
 DATE

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LAMPARSKI, FRANK	11638 JUREANE DRIVE	ORLANDO FL 32836	<input checked="" type="checkbox"/>
D	MCCULLOUGH, RICHARD	11631 JUREANE DR.	ORLANDO, FL	<input type="checkbox"/>
D	METHUEWS, JUDY	11681 JEREANE DRIVE	ORLANDO FL 32836	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	ACREE, WILLIAM	11617 VISTA VIEW DRIVE	ORLANDO, FL 32836	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	EAGLES, JOYCE	11646 WHITE SANDS LANE	ORLANDO, FL 32836	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LARSEN, WILLIAM	11346 SUZANNE LANE	ORLANDO, FL 32836	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	O'FLANAGAN, MORGAN	8920 POLYNESIAN LANE	ORLANDO, FL 32836	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RAGER, BARBARA	11328 COMMODORE LANE	ORLANDO, FL 32836	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SCHNEIDER, RALPH	8842 FIGHTING IRISH LANE	ORLANDO, FL 32836	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE **PD**
 NAME **FLOYD RAGER**
 STREET ADDRESS **11328 COMMODORE**
 CITY-STATE **ORLANDO, FL 32836**
FLOYD RAGER

Date **407-238-7645**
 Daytime Phone #

CR2E034 (10/00)