

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

0073445

05-12-2001 90048 046 \*\*\*\*\*61.25

**DOCUMENT # N00000000092**

1. Entity Name :

**HIDDEN LAKES SECTION II CONDOMINIUM ASSOCIATION,**

Principal Place of Business

C/O PULTE HOME CORPORATION  
 9220 BONITA BEACH ROAD #215  
 BONITA SPRINGS FL 34135

Mailing Address

C/O PULTE HOME CORPORATION  
 9220 BONITA BEACH ROAD #215  
 BONITA SPRINGS FL 34135

2. Principal Place of Bus

**% INTEGRATED PROPERTY MGMT**

Suite, Apt. or Office  
**3435 10th St N - Suite 201**  
**Naples FL 34103**

3. Mailing Address

**% INTEGRATED PROPERTY MGMT**

**3435 10th St N - Suite 201**  
**Naples FL 34103**

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLPERT, GREG G**  
**C/O PULTE HOME CORPORATION**  
**9220 BONITA BEACH ROAD #215**  
**BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name -

**Scott Hennells**

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

**Weibel & Hennells**

**9240 Bonita Beach Rd. #3305**

City

**Bonita Springs**

FL

Zip Code

**34135**

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

*Scott D. Hennells*

**Scott D. Hennells**

**4/25/01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLPERT, GREG G C/O 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD W. MICHAEL MEEKS 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD R. SCOTT GRIFFITH 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRI, VINCENT 9830 Spring Run Blvd. Bonita Springs, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMEAD, MICHAEL 9840 Spring Run Blvd. Bonita Springs, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMEGNA, ROBERT 9820 Spring Run Blvd. Bonita Springs, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BECHTEL, RICK 3435- 10th St. N., #201 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

**SIGNATURE REQUIRED**

**RICK BECHTEL 4/24/01**

**941-434-7447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)