

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000092

1. Entity Name

HIDDEN LAKES SECTION II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N STE 201
NAPLES FL 34103

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N STE 201
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

80-0033897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PERRI, VINCENT
STREET ADDRESS 9830 SPRING RUN BLVD
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
NAME SMEAD, MICHAEL
STREET ADDRESS 9840 SPRING RUN BLVD
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
NAME SSTAMEGNA, ROBERT
STREET ADDRESS 9220 BONITA BEACH ROAD #215
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE AS
NAME BECHTEL, RICK
STREET ADDRESS 3435 10TH STREET N 201
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 reports 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 another line empowered.

SIGNATURE:

MICHAEL SMEAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SMEAD

4/15/02

239-434-7440

Date

Daytime Phone #

CR2E037 (9/01)

0048487

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90030 028 ****61.25



DO NOT WRITE IN THIS SPACE