

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90118 011 ****61.25

DOCUMENT # N000000000092



1. Entity Name

HIDDEN LAKES SECTION II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**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

N000000000092

City & State

4. FEI Number **80-0033897**

Applied For
Not Applicable

Zip

Country

Zip

Country

HIDDEN LAKES SECTION II CONDOMINIUM ASSOCIATION, INC.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNELS, SCOTT

**C/O WEIBEL & HENNELLS MGMT
3435 10TH STREET N STE 201
NAPLES FL 34103
9240 BONITA BEACH ROAD 3305
BONITA SPRINGS FL 34135**

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

Name

Shields, Christopher J.

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

1833 Hendry Street

PO Drawer 1507

City

FL Myers

FL 33902

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

[Signature]

Chris Shields

2/7/03

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

(NOTE: Registered Agent signature required when reinstating)

00000000000000000000

DATE

HIDDEN LAKES SECTION II CONDOMINIUM ASSOCIATION, INC.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. **HENNELS, SCOTT** OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WEIBEL & HENNELLS** ☐ Delete
NAME **PERRI, VINCENT**
STREET ADDRESS **9240 BONITA BEACH ROAD 3305**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

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

TITLE **V/D** ☒ Change ☐ Addition
NAME **Smead, Michael**
STREET ADDRESS **9840 Spring Run Blvd.**
CITY-ST-ZIP **Bonita Springs, FL**

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

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **Stamegna, Robert**
STREET ADDRESS **9820 Spring Run Blvd.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **9830 SPRING RUN BLVD**
STREET ADDRESS **BONITA SPRINGS FL 34135**
CITY-ST-ZIP **D**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature] **VINCENT PERRI**

4/2/03 239-434-7447

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CR2E037 (10/02)