## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 06, 2002 8:00 am Secretary of State DOCUMENT # N00000000093 1. Entity Name HIDDEN LAKES RECREATION ASSOCIATION, INC. 05-06-2002 90050 031 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O PULTE HOME CORPORATION C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD #215 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For -3729175 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WOLPERT, GREG G C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD #215 City Zip Code **BONITA SPRINGS FL 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** Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Change ☐ Addition ☐ Delete wolpert. Greg G NAM.Z NAME STREET ADDRESS C/O 9220 BONITA BEACH ROAD #215 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE BONITA SPRINGS FL 34135 STD ☐ Addition TITLE ☐ Delete TITLE ☐ Change W. MICHAEL MEEKS NAME NAME 9220 BONITA BEACH ROAD #215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP ۷n Change Addition TITLE ☐ Delete TITLE R. SCOTT GRIFFITH NAME NAME STREET ADDRESS 9220 BONITA BEACH ROAD #215 STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Detete

EQUIREMICHAEL MESKS 4/16/02

Daytime Phone #

Change

Change

☐ Addition

Addition