

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

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

04-11-2003 90118 022 ****61.25

DOCUMENT # N000000000093

1. Entity Name

HIDDEN LAKES RECREATION ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

% INTEGRATED PROPERTY MGMT
3435 10TH ST N 201
NAPLES FL 34103

2. Principal Place of Business

c/o Integrated Property Mgmt.

Suite, Apt. #, etc.

3435 - 10th Street N, #201

City & State

Naples, FL

N000000000093

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

4. FEI Number **59-3729175**

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

% INTEGRATED PROPERTY MGMT
3435 10TH ST N 201
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Shields, Christopher J.

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

1833 Hendry Street

PO Drawer 1507

City

Ft 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

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

(NOTE: Registered Agent signature required when reinstating)

2/7/03
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
Florida Department of State**

10. **WOLPERT, GREG G** OFFICERS AND DIRECTORS

TITLE **C/O PULTE HOME CORPORATION** ☒ Delete
NAME **WOLPERT, GREG G**
STREET ADDRESS **C/O 9220 BONITA BEACH ROAD #215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **STD** ☒ Delete
NAME **W. MICHAEL MEEKS**
STREET ADDRESS **9220 BONITA BEACH ROAD #215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VD** ☒ Delete
NAME **R. SCOTT GRIFFITH**
STREET ADDRESS **9220 BONITA BEACH ROAD #215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME **WOLPERT, GREG G**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C/O 9220 BONITA BEACH ROAD #215**
STREET ADDRESS **BONITA SPRINGS FL 34135**
CITY-ST-ZIP **STD**
W. MICHAEL MEEKS

TITLE ☐ Delete
NAME **9220 BONITA BEACH ROAD #215**
STREET ADDRESS **BONITA SPRINGS FL 34135**
CITY-ST-ZIP **VD**
R. SCOTT GRIFFITH

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Cazalet, Alice**
STREET ADDRESS **9870 Spring Run Blvd.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Pardo, Roger**
STREET ADDRESS **23765 Clear Spring Ct.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Perri, Vincent**
STREET ADDRESS **9830 Spring Run Blvd.**
CITY-ST-ZIP **Bonita Springs, FL**

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

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

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]* **ALICE CAZALET** 4-7-03 390-7166

0052063

WESTERN

CR2E037 (10/02)