

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


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90120 001 \*\*\*\*61.25

0097948

**DOCUMENT # N01000000288**

1. Entity Name  
**HIDDEN LAKE AT BONITA PROPERTY OWNERS ASSOCIATIO  
N, INC.**



Principal Place of Business      Mailing Address  
**2015 W 5TH AVE      2015 W 5TH AVE**  
**COLUMBUS OH 43212      COLUMBUS OH 43212**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **58-2593893**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MONTGOMERY, NEALE**  
**1833 HENDRY ST**  
**FT MYERS FL 33901**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution.      Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, TERRY</b>	
STREET ADDRESS	<b>2015 W 5TH AVE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>OWENS, D SCOTT</b>	
STREET ADDRESS	<b>2015 W 5TH AVE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>RIGGS, J DAVID</b>	
STREET ADDRESS	<b>2015 W 5TH AVE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED      4-29-03      614-486-1148

CR2E037 (10/02)