

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

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

04-11-2003 90118 010 *****61.25

DOCUMENT # N01000002854

1. Entity Name

HIDDEN LAKES SECTION IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD, SUITE 215
BONITA SPRINGS FL 34135**

Mailing Address

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

2. Principal Place of Business

c/o Integrated Property Mgmt.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3435 -10th Street N., #201

City & State
Naples, FL

City & State

N01000002854

Zip

Country

Zip

Country

HIDDEN LAKES SECTION IV CONDOMINIUM ASSOCIATION, INC.

4. FEI Number **65-1157464**

Applied For
Not Applicable

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

**WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD, SUITE 215
BONITA SPRINGS FL 34135**

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

Name
Shields, Christopher J.

Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry Street

PO Drawer 1507

City

Ft. Myers

Zip Code
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

03-11-2003
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **WOLPERT, GREG G**
STREET ADDRESS **9220 BONITA BEACH ROAD, SUITE 215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

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

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

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

TITLE ☐ Delete
NAME **9220 BONITA BEACH ROAD, SUITE 215**
STREET ADDRESS **BONITA SPRINGS FL 34135**
CITY-ST-ZIP **STD**
MECKS, W. MICHAEL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Kure, Marianne**
STREET ADDRESS **23805 Clear Spring Ct.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Michel, Mark**
STREET ADDRESS **23805 Clear Spring Ct.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Ragsdale, David**
STREET ADDRESS **23820 Clear Spring Ct.**
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 REQUIRED

(MARIANNE KURE)

(239)

4-4-03

948-8687

0052941

0052941

CR2E037 (10/02)