

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 031 ***61.25

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

DOCUMENT # N01000008027 1. Entity Name HIDDEN LINKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134		Mailing Address 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3637604	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134				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 _____ Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)					
FILE NOW - FEE IS \$81.25		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD FLINN, MILT. 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			TITLE NAME STREET ADDRESS CITY-ST-ZIP DST KEITH, SYLVIA 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD GISLASON, ROBERT M 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD TIEFENBACH, RENEE 24201 WALDEN CTR DR STE 206 BONITA SPRINGS, FL 34134			TITLE NAME STREET ADDRESS CITY-ST-ZIP DP TIEFENBACH, RENEE 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 fire empowered.					
SIGNATURE: <i>Sylvia Keith</i> SYLVIA KEITH 4/18/03 813-642-1454 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90102621



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (1/02)