2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

FILED DOCUMENT # **N06966** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name HIDDEN GROVE CONDOMINIUM ASSOCIATION, INC. 04-24-2000 90058 024 ****61.25 Principal Place of Business Mailing Address 2107 HIDDEN GROVE LANE 2107 HIDDEN GROVE LANE -#36-B #36 R MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953-5202 2. Principal Place of Business 3. Mailing Address 4805 NAVAHOTRALL DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3373079 Not Applicable Zip \$8.75 Additional Country 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) GOLDMAN, MITCHELL 96 WILLARD STREET SUITE 302 Zip Code COCOA FL 32922 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition PD Delete TITLE Change PRESIDENT TITLE REHM, CHARLES REHM. CHARLES NAME NAME STREET ADDRESS 4805 NAVAHO TRAIL STREET ADDRESS 2107 HIDDEN GROVE LN #36-B CITY-ST-ZIP CITY-ST-ZIF MERRITT ISLAND FL 32953 MERRITT IGLAND FL 3295 ☐ Change ☐ Addition TITLE VPD ☐ Delete TITLE GERARD, RYAN NAME NAME 956 PELICAN LANE~ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ROCKLEDGE FL 32955** Change ☐ Addition ☐ Delete STD TITLE STD TITLE REHM, DENISE NAME rehm, denise NAME STREET ADDRESS 2107 HIDDEN GROVE LN STREET ADDRESS 4805 NAVAHO TRAIL CITY-ST-ZIP 32953 MERRITT CITY-ST-ZIP **MERRITT ISLAND FL 32953** ISLAND, ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

ike empowered