

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90349 011 \*\*\*\*\*61.25

**DOCUMENT # N08128**

1. Entity Name

**HIDDEN LAKE OWNERS' ASSOCIATION, INC.**

Principal Place of Business

7304 NW 21ST WAY  
 GAINESVILLE FL 32653

Mailing Address

7304 NW 21ST WAY  
 GAINESVILLE FL 32653

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  
**59-2698301**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKOWIAK, BERNICE**  
**2135 NW 72ND PLACE**  
**GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent

Name ~~HARDEN, WILLIAM~~ **ROBERT E. JAMES**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~7234 N.W. 21st WAY~~ **7322 N.W. 21st CT**  
 City **GAINESVILLE, FL.** Zip Code **FL 32653**

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

*Robert E. James*

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

(NOTE: Registered Agent signature required when reinstating)

5/19/01

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | DT                   | <input checked="" type="checkbox"/> Delete |
| NAME           | HART, ANNA LAURIE    |                                            |
| STREET ADDRESS | 7319 NW 21ST COURT   |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                            |
| TITLE          | DVP                  | <input checked="" type="checkbox"/> Delete |
| NAME           | WATTS, CYNTHIA       |                                            |
| STREET ADDRESS | 2128 NW 74TH PLACE   |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                            |
| TITLE          | DD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | FORT, GUERIAN        |                                            |
| STREET ADDRESS | 7234 NW 21ST WAY     |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                            |
| TITLE          | DS                   | <input checked="" type="checkbox"/> Delete |
| NAME           | EDDINS, BARBARA      |                                            |
| STREET ADDRESS | 2114 NW 72ND PLACE   |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                            |
| TITLE          | DP                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BROWNETT, MARY L.    |                                            |
| STREET ADDRESS | 7323 NW 21ST COURT   |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                            |
| TITLE          |                      | <input checked="" type="checkbox"/> Delete |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | DT                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MARTIN, THELMA         |                                                                              |
| STREET ADDRESS | 7233 N.W. 21st WAY     |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE, FL. 32653 |                                                                              |
| TITLE          | DVP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RIDDLE, PATRICIA       |                                                                              |
| STREET ADDRESS | 7321 N.W. 21st WAY     |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE, FL. 32653 |                                                                              |
| TITLE          | DD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HUDACKO, KIMBERLEY     |                                                                              |
| STREET ADDRESS | 7419 N.W. 21st CT.     |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE, FL. 32653 |                                                                              |
| TITLE          | DS                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FOLLEHIUS, DENISE      |                                                                              |
| STREET ADDRESS | 7416 N.W. 21st CT.     |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE, FL. 32653 |                                                                              |
| TITLE          | DP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JAMES, ROBERT E.       |                                                                              |
| STREET ADDRESS | 7322 N.W. 21st CT.     |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE, FL. 32653 |                                                                              |
| TITLE          |                        | <input checked="" 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 an other like empowered.

SIGNATURE:

*Robert E. James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

352 338 1718

Daytime Phone

CR2E037 (10/00)