

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90356 006 ****70.00

DOCUMENT # N08590

1. Entity Name

HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

P.O. BOX 692001
 ORLANDO FL 32869-2001
 US

P.O. BOX 692001
 ORLANDO FL 32869-2001
 US

00040430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3035323

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONRAD JANET
5821 PITCH PINE DRIVE
ORLANDO FL 32819

Name **Bernadette Mangan**
 Street Address (P.O. Box Number is Not Acceptable) **5404 Sago Palm Court**
 City **Orlando** FL **32819**

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

Bernadette Mangan

4/20/01

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **IMPERIAL, JOSEPH**
 STREET ADDRESS **5821 PITCH PINE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD1** ☐ Delete
 NAME **BRINDLE, JOAN**
 STREET ADDRESS **7812 PINE MARSH COURT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD2** ☐ Delete
 NAME **BRINDLE, ROBERT**
 STREET ADDRESS **7812 PINE MARSH COURT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☒ Delete
 NAME **MANGAN, BERNADETTE**
 STREET ADDRESS **5404 SAGO PALM COURT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Phyllis Taylor**
 STREET ADDRESS **5527 Pine Shade Ct**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE **DS** ☐ Delete
 NAME **BARDENETT, ROBERTA**
 STREET ADDRESS **5515 PINE SHADE COURT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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:

Phyllis Taylor

4/20/01

407 355 7873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)