

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90198 050 ****61.25

DOCUMENT # N16424

1. Entity Name

HIDDEN OAK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 522093
 LONGWOOD FL 32752-9093

P.O. BOX 522093
 LONGWOOD FL 32752-2093

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

59-2791646

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DAVID L.
989 BUCKSAW PLACE
LONGWOOD FL 32750

Name **JIM RERUCHA**

Street Address (P.O. Box Number is Not Acceptable)
622 FLUME CT.

City **LONGWOOD**

FL

Zip Code **32750**

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 *Jim Rerucha*

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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	DP	<input type="checkbox"/> Delete
NAME	DECARLO, RICK	
STREET ADDRESS	1011 CROSS CUT WAY	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SARGENT, JONATHAN M	
STREET ADDRESS	919 BUCKSAW PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHREIBER, ALFRED H.	
STREET ADDRESS	1035 CROSS CUT WAY	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAVID L.	
STREET ADDRESS	989 BUCKSAW PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RERUCHA, JIM	
STREET ADDRESS	622 FLUME CT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALT FAUSNIGHT	
STREET ADDRESS	965 BUCKSAW PLACE	
CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL BOWERS	
STREET ADDRESS	964 CROSS CUT WAY	
CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NONDA MENG	
STREET ADDRESS	974 BUCKSAW PLACE	
CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN KAUFFMAN	
STREET ADDRESS	502 MISSION OAK COURT	
CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE		<input 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 all other like empowered.

SIGNATURE: *JIM RERUCHA* **JIM RERUCHA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 407-331-5531

Date

Daytime Phone #

CR2E037 (9/99)