

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N20358**

1. Entity Name

**HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90223 016 \*\*\*\*61.25

Principal Place of Business 556 RACHET DR., NE WINTER HAVEN FL 33881 US	Mailing Address 556 RACHET DR., NE WINTER HAVEN FL 33881-8752 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2796446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**DAMONTE, JONATHAN JAMES**  
**12110 SEMINOLE BLVD**  
**7800-113TH N**  
**LARGO FL 33778**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CIUFO, PHYLLIS R</b>
STREET ADDRESS	<b>888 BUNKER CIRCLE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>STOCKER, MARY LOU</b>
STREET ADDRESS	<b>543 CENTURY DR</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>WAYNE TAPPER</b>
STREET ADDRESS	<b>667 CENTURY LAND</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WIEPERT, RALPH</b>
STREET ADDRESS	<b>746 CENTURY LANE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BILL WAGNER</b>
STREET ADDRESS	<b>573 CENTURY DR.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FRANK, EDGAR</b>
STREET ADDRESS	<b>795 SANDTRAP CIRCLE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STOCKER, CLYDE</b>
STREET ADDRESS	<b>543 CENTURY DRIVE</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN JERMYN</b>
STREET ADDRESS	<b>552 RACKET DRIVE</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DON LOCKE</b>
STREET ADDRESS	<b>506 CENTURY DRIVE</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALVIS WHITTEN</b>
STREET ADDRESS	<b>669 CENTURY LANE</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Phyllis R. Ciuffo **PHYLLIS R. CIUFO** 2/24/00 (863) 299-4816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)