

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

0067684

DOCUMENT # N20358

1. Entity Name

HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.

02-20-2001 90032 047 ****61.25

Principal Place of Business

Mailing Address

556 RACHET DR. NE
 WINTER HAVEN FL 33881
 US

556 RACHET DR., NE
 WINTER HAVEN FL 33881
 US



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

59-2796446

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME	X SECRETARY	CHANGE x
STREET ADDRESS	CIUFO, PHYLLIS R	
CITY-ST-ZIP	886 BUNKER CIRCLE	
	WINTER HAVEN FL 33881	
TITLE NAME	S STOCKER, CLYDE	X Delete
STREET ADDRESS	543 CENTURY DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE NAME	T WAYNE TAPPER	<input type="checkbox"/> Delete
STREET ADDRESS	667 CENTURY LAND	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE NAME	D WIEPERT, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	746 CENTURY LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE NAME	X VICE PRESIDENT	CHANGE x
STREET ADDRESS	BILL WAGNER	
CITY-ST-ZIP	573 CENTURY DR.	
	WINTER HAVEN FL	
TITLE NAME	D FRANK, EDGAR	<input type="checkbox"/> Delete
STREET ADDRESS	795 SANDTRAP CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE NAME	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Whitten, Alvis	
CITY-ST-ZIP	669 Century Drive	
	Winter HAVEN, FL. 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	D John Jermyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	552 Racket Drive, Winter Haven, Fl	
CITY-ST-ZIP	33881	
TITLE NAME	D LARRY Ghislin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	833 Sandtrap Circle	
CITY-ST-ZIP	Winter Haven, Fl. 33881	
TITLE NAME	D Bill Weir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	740 Century Lane	
CITY-ST-ZIP	Winter Haven, Fl. 33881	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** **2/15/01** **(863) 299-4816**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)