

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90040 032 \*\*\*\*61.25

**DOCUMENT # N20358**

1. Entity Name

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

Principal Place of Business

Mailing Address

556 RACHET DR. NE  
 WINTER HAVEN FL 33881  
 US

556 RACHET DR. NE  
 WINTER HAVEN FL 33881  
 US

006119



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**  
**300-113TH 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 \_\_\_\_\_ DATE \_\_\_\_\_

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  Delete  
 NAME **P WHITTEN, ALVIS**  
 STREET ADDRESS **669 CENTURY DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D JERMYN, JOHN**  
 STREET ADDRESS **552 RACKET DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME ~~**WAYNE TAPRER**~~  
 STREET ADDRESS ~~**66X CENTURY LANE**~~  
 CITY-ST-ZIP ~~**WINTER HAVEN FL 33881**~~

TITLE  Change  Addition  
 NAME **VF DEL CARVER**  
 STREET ADDRESS **894 BUNKER CIRCLE**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE  Delete  
 NAME ~~**WIEPERT, RALPH**~~  
 STREET ADDRESS **746 CENTURY LANE**  
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE  Change  Addition  
 NAME **T GLORIA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WEIR, BILL**  
 STREET ADDRESS **740 CENTURY LANE**  
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FRANK, EDGAR**  
 STREET ADDRESS **795 SANDTRAP CIRCLE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

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 **ALVIS WHITTEN** *Alvis Whitten*

2/16/02

863-293-9395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)