

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27551

Entity Name

HIDDEN CREEK ESTATES PROPERTY OWNERS ASSOCIA

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90031 016 ***61.25

Place of Business

Mailing Address

NAVARRE PKWY.
FL 32506

6845 NAVARRE PKWY.
NAVARRE FL 32566-7420
US

Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0100681

Applied For

Not Applicable

Country

Zip

Country

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

Name

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

City

FL

Zip Code

MINO, EDWARD P ESQ
BAYOU BLVD. STE. 12-B
A FL 32508-1009

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, 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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VP ADDRESS ZIP NEWTON, GEORGE 2539 3RD COURT NAVARRE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sybil Kanning 6913 Turnberry Circle NAVARRE, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP ADDRESS ZIP HEDRICK, LARRY 2479 HOUSTON CIRCLE NAVARRE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Krimm 2740 PGA Blvd. NAVARRE, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP ADDRESS ZIP 2VPT KARSON, BRUCE 1957 SEAHAWK NAVARRE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP ADDRESS ZIP T KROCH, KARL 2726 PGA BLVD. NAVARRE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP ADDRESS ZIP HENRY, DENNIS 2561 CRESCENT RD. NAVARRE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP ADDRESS ZIP T COLANGELO, MICHELLE 6845 NAVARRE PKWY. NAVARRE FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplied 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 856-939-1693

CR2E037 (9/99)