

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90448 043 \*\*\*\*61.25

**DOCUMENT # N27551**

1. Entity Name

**THE HIDDEN CREEK ESTATES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**6845 NAVARRE PKWY.  
NAVARRE FL 32506  
US**

Mailing Address

**6845 NAVARRE PKWY.  
NAVARRE FL 32506  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0100681**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FLEMING, EDWARD P ESO  
4300 BAYOU BLVD. STE. 12-13  
PENSACOLA FL 32508-1009**

7. Name and Address of New Registered Agent

Name **Raymond F. Newman, Jr.**

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

**Becker & Poliakoff, P.A.**

**348 Miracle Strip Parkway, SW-Suite 7**

City **Ft. Walton Beach**

FL

Zip Code **32548**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**Raymond F. Newman, Jr.**

(NOTE: Registered Agent signature required when reinstating)

**2-24-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAPMAN, STAN</b> <b>7022 GANDY DR</b> <b>NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, ED</b> <b>2501 VALLEY ROAD</b> <b>NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BALDINGER, RONALD</b> <b>7578 PEPPERWOOD STREET</b> <b>NAVARRA FL 32566</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HOUSEHOLDER, MIKE</b> <b>2562 2ND COURT</b> <b>GULF BREEZE FL 32566</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DOMINITZ, PATTY</b> <b>7368 BREWSKA DR</b> <b>NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Mike Householder</b> <b>2562 2nd Ct.</b> <b>Navarre, FL 32566</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Harry Crouch</b> <b>7172 Reef St.</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Mike Pinter</b> <b>1951 Seahawk Lane</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Dave Parenteau</b> <b>2445 Eikhart Dr.</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Ronald Baldinger</b> <b>7578 Pepperwood St</b> <b>Navarre, FL 32566</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**CR2003 REQUIRED VICKERS GEN. MGR 2-17-03 850 939-3018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20037 (10/02)