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

## **DOCUMENT # N33811**

1. Entity Name

## HIDDEN GLEN HOMEOWNERS ASSOCIATION, INC.



**FILED** May 05, 2003 8:00 am § Secretary of State 05-05-2003 91887 038 \*\*\*\*61.25

		ŕ	O WE INT	/			
Principal Plac	e of Business	Mailing Address		<del></del>			
2421 LIELA LE		2421 LIELA LEE CT.					
OCOEE FL 34		OCOEE FL 34761					
บร		us		1 10011120 000 11100	(1100 10101 HERO) (100 BION DIO)		H
O Driveria al D	Non-of Divisions	D 44-11 A-4-1	<del>_</del>				1 11   1 11
	Place of Business Liela Lee. Ch	3. Mailing Address	, , ,	1			11 B1BH 4884
Suite, Apt.		2418 Liela Suite, Apt, #, etc.	Lee F				
ound, ript.	11, 500.	Sano, ripit. II, cic.		☐ CHI	ECK HERE IF MAKING (	CHANGES	
City & Stat	e	City & State		4. FEI Number 59-3	2070247	Αp	plied For
Óco.		Ococe FL		38-0	0018041	No	t Applicable
Zip	. Country	Zip	Country	E Continues of State	o Desired S	8.75 Add	itional
3476	I USA _	34761	USA	5. Certificate of Statu	s Desired . Fe	ee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Addres	s of New Registered Ag	ent	
]			Name - O	ave Eden			
STROSNIDER, LAURIE				Street Address (P.O. Box Number is Not Acceptable)			
	LA LEE CT.			118 Liela Lee			
OCOEE I	FL 34761						ſ
			City			Zip Code	
		<del></del>		Dioee		3470	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or reg	istered agent, or both, in the	State of Florida. I am far	niliar with, a	and accept
the obligat	Considered agent.				4		
SIGNATURE 1) Oute Eden 4/30/63							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)	DATE	<u> </u>	
				· · · · · · · · · · · · · · · · · · ·			
		9. Election Cam	naion Financino	\$5.00 s.	Make Check	Davahla :	to
l	FILE NOW: FEE IS \$61.25	Trust Fund Co		\$5.00 May Be Added to Fees	Florida Departn		
					. 101100 = 0		
10.	OFFICERS AND DIR	FO7050					
TITLE		ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
HILL	DP	ECTORS   ☑ Delete	TITLE D			CTORS IN Change	10 Addition
NAME	DP MANN, TAMI		TITLE D	p den, Oave.			
NAME STREET ADDRESS	DP Mann, Tami 2417 Liela Lee Ct.		TITLE D NAME E STREET ADDRESS 2	p den, Oave. 118 Liela Lee Ct			
NAME	DP MANN, TAMI 2417 LIELA LEE CT. OCOEE FL 34761	☑ Delete	TITLE D NAME E STREET ADDRESS CITY-ST-ZIP	P den, Oave 118 Liela Lee (1 coee FL 34761			
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Intereoy certify that the information supplied with this liting 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 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.