

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91887 038 ****61.25

0095021

DOCUMENT # N33811

1. Entity Name

HIDDEN GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2421 LIELA LEE CT.
OCOOE FL 34761
US**

Mailing Address

**2421 LIELA LEE CT.
OCOOE FL 34761
US**

2. Principal Place of Business

2418 Liela Lee Ct

3. Mailing Address

2418 Liela Lee Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOOE FL 34761

City & State

OCOOE FL

4. FEI Number **59-3079347**

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STROSNIDER, LAURIE
2421 LIELA LEE CT.
OCOOE FL 34761**

7. Name and Address of New Registered Agent

Name

Dave Eden

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

2418 Liela Lee Ct

City

OCOOE

FL

Zip Code

34761

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 **Dave Eden**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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 **DP** ☒ Delete
NAME **MANN, TAMI**
STREET ADDRESS **2417 LIELA LEE CT.**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE **DVP** ☒ Delete
NAME **STROSNIDER, LAURIE**
STREET ADDRESS **2421 LIELA LEE CT.**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE **DS** ☐ Delete
NAME **MARKLE, KATHREIN**
STREET ADDRESS **2422 LIELA LEE CT.**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE **DT** ☐ Delete
NAME **LAFLEUR, NANCY**
STREET ADDRESS **2415 LIELA LEE CT.**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Eden, Dave.**
STREET ADDRESS **2418 Liela Lee Ct**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE **DVP** ☒ Change ☐ Addition
NAME **Evans, Jack**
STREET ADDRESS **2414 Katch Ct**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Nancy Lafleur** **4-22-03 407-660-1122**

CR2E037 (10/02)