

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33971

1. Entity Name

HIDDEN HOLLOW HOMEOWNERS ASSOCIATION, INC.

FILED  
Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90128 003 \*\*\*\*\*61.25

Principal Place of Business

563 HIDDEN HOLLOW DR  
MERRITT ISLAND FL 32952  
US

Mailing Address

563 HIDDEN HOLLOW DR  
MERRITT ISLAND FL 32952  
US

2. Principal Place of Business

500 Hidden Hollow Dr.

3. Mailing Address

500 Hidden Hollow Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

Zip

32952

Country

US

Zip

32952

Country

US

4. FEI Number

59-3008987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACCARONE, RALPH  
563 HIDDEN HOLLOW DR  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name  
SARA K. HALL  
Street Address (P.O. Box Number is Not Acceptable)  
500 Hidden Hollow Dr.  
City  
Merritt Island FL Zip Code  
32952

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 Sara K. Hall 4-11-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DARLENE 579 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, LARRY 588 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACCARONE, RALPH 563 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STALNAKER, GAIL 572 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COFIEG, FRANK 524 HIDDEN HOLLOW DRIVE MERRITT ISLAND FL 32952	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAREN ENSLEY VP 516 Hidden Hollow Dr Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARA K. HALL 500 HIDDEN HOLLOW DR Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRIS MOODY 524 HIDDEN HOLLOW DR Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" 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: SARA K. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 321-453-5273

Date Daytime Phone #

CR2E037 (9/01)