

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90163 004 ****61.25

DOCUMENT # N38057

1. Entity Name

HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2742 WILSON CT.
 PALM HARBOR FL 34684-3946
 US

2742 WILSON CT.
 PALM HARBOR FL 34684-3946
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3009523

Applied For

Not Applicable

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

GAINES, BARBARA C MS
2742 WILSON CT
PALM HARBOR FL 34684-3946

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALZER, GARY	NAME	
STREET ADDRESS	2764 WILSON CT	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, JOE	NAME	
STREET ADDRESS	2750 BRADHAM CT.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, TAMMY	NAME	MISTY MARTZ
STREET ADDRESS	2757 WILSON CT	STREET ADDRESS	2760 BRADHAM CT
CITY-ST-ZIP	PALM HARBOR FL 34684-3946	CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, BARBARA C.	NAME	
STREET ADDRESS	2742 WILSON CT	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684-3946	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Barbara C. Gaines
SIGNATURE REQUIRED

1/23/02 727-785-3060

CR2E037 (9/01)