2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90028 013 ****61.25

DOCUMENT # N39072

1. Entity Name

HIDDEN GLEN SUBDIVISION HOMEOWNERS ASSOCIATION,

7113538

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JAMES EICHER 3963 HIDDEN GLEN DR SARASOTA FL 34241 US	C/O JAMES EICHER 3963 HIDDEN GLEN DR SARASOTA FL 34241 US

2. Principal Place of Business	3. Mailing Address
c/o Michael Costanzo	c/o Michael Costanzo
Suite, Apt. #, etc.: 3937 Hidden Glen Dr.	Suite, Apt. #, etc.: 3937 Hidden Glen Dr.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34241 Country: U.S.A.	Zip: 34241 Country: U.S.A.

4. FEI Number 65-0218016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EICHER, JAMES 3963 HIDDEN GLEN DR. SARASOTA FL 34241	Name: Costanzo, Michael Street Address (P.O. Box Number is Not Acceptable): 3937 Hidden Glen Dr. City: Sarasota **FL** Zip Code: 34241

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: James Eicher — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 2-4-01

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EICHER, JAMES 3963 HIDDEN GLEN DR SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PROSSI, TONIN 3966 HIDDEN GLEN DR. SARASOTA FL 34241	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COSTANZO, MICHAEL 3937 HIDDEN GLEN DR. SARASOTA, FL 34241	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COSTANZO, MONICA 3937 HIDDEN GLEN DR. SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SWEETING, PATRICIA 3958 HIDDEN GLEN DR SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED James Eicher — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2-4-01 — Daytime Phone #: (941) 378-9274