

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40309

1. Entity Name

HIDDEN OAKS OF PONTE VEDRA ASSOCIATION, INC.

FILED

01 MAR -9 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2180 W S 434  
STE 5000  
LONGWOOD FL 32779  
US

Mailing Address

2180 W S 434  
STE 5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

200 Executive Way -  
Suite, Apt. #, etc.  
Ste 206

3. Mailing Address

200 Executive Way  
Suite, Apt. #, etc.  
Ste 206

City & State

Ponte Vedra FL

City & State

Ponte Vedra FL

4. FEI Number

59-3171016

Applied For

Not Applicable

Zip

32082

Country

US

Zip

32082

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W SR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

Name: Debora H. Steenson  
Street Address (P.O. Box Number is Not Acceptable): 70 ProActive Assn. Mgt.  
200 Executive Way Ste 206  
City: Ponte Vedra FL Zip Code: 32082

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: Debora H Steenson Debora H. Steenson 3/8/01  
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	VP	<input type="checkbox"/> Delete
NAME	TD CONNELLY, MARC	
STREET ADDRESS	200 OAKPOINT CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONGRO, CARLA	
STREET ADDRESS	110 OAK VIEW CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP President	<input type="checkbox"/> Delete
NAME	TYLER, KELLIE	
STREET ADDRESS	138 OAK VIEW CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	BARNHARD, SARAH	
STREET ADDRESS	117 OAK VIEW CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marla Cook	
STREET ADDRESS	129 Oak View Circle	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Sampson	
STREET ADDRESS	116 Oak View Circle	
CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: HIDDEN OAKS ASSOCIATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/01 904/273-5700  
Date Daytime Phone #

CR2E037 (10/00)