

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

04-30-2001 90357 008 ****61.25

DOCUMENT # N40495

1. Entity Name

HIDDEN LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4244 W. TENNESSEE STREET
TALLAHASSEE FL 32304

Mailing Address

4244 W. TENNESSEE STREET
SUITE 178
TALLAHASSEE FL 32304
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

59-3313867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ZODY, JANE
1834 GINA DR
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Shugar, Kim

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

1873 Gina Drive

City

Tallahassee

FL

Zip Code

32303

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

Kimberly Shugar, Kim Shugar

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

(NOTE: Registered Agent signature required when reinstating)

3/31/01

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 PD
NAME FONTENOT, ROMAN ☒ Delete
STREET ADDRESS 4244 W. TENNESSEE STREET, Box 178
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE TD
NAME ZODY, JANE ☒ Delete
STREET ADDRESS 4244 W. TENNESSEE STREET, Box 178
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE C ☐ Delete
NAME HUTCHASON, DAVID
STREET ADDRESS 4244 W TENNESSEE STREET, Box 178
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ~~99~~ President PD ☐ Delete
NAME TEEMS, CHAD
STREET ADDRESS 4244 W TENNESSEE STREET, Box 178
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE TD ☐ Delete
NAME Shugar, Kim
STREET ADDRESS 4244 W. Tennessee St., Box 178
CITY-ST-ZIP Tallahassee, FL 32304

TITLE ☐ Delete
NAME Kevin Bower
STREET ADDRESS 4244 W Tennessee St., Box 178
CITY-ST-ZIP Tallahassee, FL 32304

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary SD ☐ Change ☒ Addition
NAME Sharon Prince
STREET ADDRESS 4244 W. Tennessee St., Box 178
CITY-ST-ZIP Tallahassee, FL 32304

TITLE Vice President VPD ☐ Change ☒ Addition
NAME Kevin Bower
STREET ADDRESS 4244 W. Tennessee St., Box 178
CITY-ST-ZIP Tallahassee, FL 32304

TITLE Treasurer TD ☐ Change ☒ Addition
NAME Kim Shugar
STREET ADDRESS 4244 W. Tennessee St., Box 178
CITY-ST-ZIP Tallahassee, FL 32304

TITLE President PD ☒ Change ☐ Addition
NAME Chad Teems PD
STREET ADDRESS 4244 W. Tennessee St., Box 178
CITY-ST-ZIP Tallahassee, FL 32304

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

850-921-9395

Daytime Phone #

CR2E037 (10/00)