

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90322 041 ****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**

22001710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3313867**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHUGAR, KIM
1873 GINA DRIVE
TALLAHASSEE FL 32303**

Name **Leon Green**

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

1857 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRINCE, SHARON 4244 W TENNESSEE ST BOX 178 TALLAHASSEE FL 32304	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWER, KEVIN 4244 W TENNESSEE ST BOX 178 TALLAHASSEE FL 32304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUTCHASON, DAVID 4244 W TENNESSEE ST BOX 178 TALLAHASSEE FL 32304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEEMS, CHAD 4244 W TENNESSEE ST BOX 178 TALLAHASSEE FL 32304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHUGAR, KIM 4244 W TENNESSEE ST BOX 178 TALLAHASSEE FL 32304	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O Charlene Kehon 4244 W. Tennessee St. Box 178 Talla, FL 32304	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Kevin Bower same address	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O Chad Teems same address	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O Leon Green same address	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

[Signature] **KEVIN BOWER**

1/30/03

850 422-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)