

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90951 024 \*\*\*\*61.25

**DOCUMENT # N48872**

1. Entity Name

**HIDDEN ISLAND ESTATES HOMEOWNERS ASSOCIATION, IN  
C.**



Principal Place of Business

**7802 HIDDEN ISLAND LANE  
TEMPLE TERRACE FL 33617  
US**

Mailing Address

**7802 HIDDEN ISLAND LANE  
TEMPLE TERRACE FL 33617  
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 **NOT APPLICABLE**

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

**MCCORMICK, SUSAN**

**7802 HIDDEN ISLAND LANE  
TEMPLE TERRACE FL 33617**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	BOSS, RICHARD O	7804 HIDDEN ISLAND LANE	TEMPLE TERRACE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PTS	MCCORMICK, CARL OR SUSAN	7802 HIDDEN ISLAND LN	TEMPLE TERRACE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	HARTMAN, PAUL/PATRICIA	7808 HIDDEN ISLAND LN	TEMPLE TERRACE FL	<input checked="" type="checkbox"/>	P	Billy & Stacy Peek	7808 Hidden Island Ln	Temple Terrace FL 33617	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	TAYLOR, BILL	7806 HIDDEN ISLAND LN	TEMPLE TERRACE FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	APRILE, DANNY/ANGELA	7810 HIDDEN ISLAND LANE	TEMPLE TERRACE FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Susan McCormick* **Susan McCormick 2-15-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)