

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90069 008 \*\*\*\*61.50

**DOCUMENT # N50006**

1. Entity Name

**HIDDEN LAKE ESTATES, INC. HOMEOWNERS' ASSOCIATIO**

Principal Place of Business

Mailing Address

**1011 HIDDEN COURT  
LAKE LAND FL 33809-6644****1011 HIDDEN COURT  
LAKE LAND FL 33809-6644**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

**DEFEIS, NICHOLAS  
1011 HIDDEN COURT  
LAKE LAND FL 33809-6644**

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DEFEIS, NICHOLAS	1011 HIDDEN COURT	LAKE LAND FL 33809-6644	<input type="checkbox"/>
VP	BATES, MARK	1005 HIDDEN COURT	LAKE LAND FL 33809-6644	<input type="checkbox"/>
ST	SULDICKAS, JOHN	963 HIDDEN DRIVE	LAKE LAND FL 33809-6644	<input type="checkbox"/>
D	WARSHAW, ARTHUR	1023 HIDDEN COURT	LAKE LAND FL 33809-6644	<input type="checkbox"/>
D	WIGHTMAN, SUSAN	1065 HIDDEN DRIVE	LAKE LAND FL 33809-6644	<input type="checkbox"/>
D	CARLSTON, JAMES	1059 HIDDEN DRIVE	LAKE LAND FL 33809-6644	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	ROBERT WEISS	1071 HIDDEN DRIVE	LAKE LAND, FL 33809-6644	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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:

**NICHOLAS DEFEIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/28/00 863 859 9208**

CP2E037 (9/99)