

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90133 027 \*\*\*\*61.25

**DOCUMENT # N50288**

1. Entity Name

**HIDDEN GROVE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

783 BONNIE BLVD  
 PALM HARBOR FL 34684  
 US

PO BOX 453  
 PALM HARBOR FL 34682-0453  
 US

A0022474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2633914**

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

**CIANFRONE, JOSEPH**  
**1968 BAYSHORE BLVD**  
**DUNEDIN FL 34698**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHEFFER, BILL	
STREET ADDRESS	2702 JEFFREY DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BEVERLY SERLIN	
STREET ADDRESS	660 CHANNING DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYS, MARILYN	
STREET ADDRESS	575 BONNIE BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HANNAD, JAMES	
STREET ADDRESS	644 CHANNING DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLANDER, MARVIN	
STREET ADDRESS	675 CHANNING DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA DRISCOLL	
STREET ADDRESS	607 BONNIE BLVD.	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR CARSON	
STREET ADDRESS	551 BONNIE BLVD.	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	TREAS. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN SCHLEICHER	
STREET ADDRESS	783 BONNIE BLVD.	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	SECY D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH KAUFMAN	
STREET ADDRESS	605 CHANNING DR.	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWNA SEYBOLD	
STREET ADDRESS	419 BONNIE BLVD.	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
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: Marilyn Schleicher Marilyn Schleicher 2/10/00 727-785-2335  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)