

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90010 041 ****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
 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

59-2633914

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 Delete
 NAME **PD DRISCOLL, DEBRA**
 STREET ADDRESS **607 BONNIE BLVD**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE Change Addition
 NAME **D Donna Schroeder**
 STREET ADDRESS **2735 Faith Circle**
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE Delete
 NAME **VPD MILLS, JIM**
 STREET ADDRESS **751 BONNIE BLVD**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD SCHLEICHER, MARILYN**
 STREET ADDRESS **783 BONNIE BLVD**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD KAUFMAN, KEITH**
 STREET ADDRESS **605 CHANNING DR**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BLOSC, WILLIAM**
 STREET ADDRESS **616 CHANNING DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Marilyn Schleicher
Marilyn Schleicher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
 DATE

727-785-2335
 DAYTIME PHONE #

CR2E037 (9/01)