

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002401

1. Entity Name

HIDDEN LAKES HOMEOWNERS' ASSOCIATION OF OKALOOSA

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90015 012 ****61.25



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|--|---------|
| Principal Place of Business HIDDEN LADES HOA 35000 EMERALD COAST HW DESTIN FL 32541 | | Mailing Address HIDDEN LAKES HOA PO BOX 5272. BWB NICEVILLE FL 32578-5272 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3198523 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent JANET POLLEN 4302 HIDDEN LAKES DR NICEVILLE FL 32578 | | 7. Name and Address of New Registered Agent Name: JOHN FITZGERALD Street Address (P.O. Box Number is Not Acceptable) 4330 Hidden Lakes Dr. City: Niceville, FL Zip Code: 32578 | |
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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: *John Fitzgerald* JOHN FITZGERALD 2/17/00
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--------------------------------|--|

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|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TRITSCHLEK, PHIL 4317 HIDDEN LAKES DR NICEVILLE FL 32578 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRD JOHN FITZGERALD 4330 Hidden Lakes Dr. Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CECIL THORNTON 4315 HIDDEN LAKES DR NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIKE TENZYCKI 4329 Hidden Lakes Dr. Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCD WHITAKER, BERNARD 3427 HIDDEN LAKES DR NICEVILLE FL 32578 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRD JANET POLLEN 4302 HIDDEN LKS DR NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIGGINS, JERRY 4323 HIDDEN LKS DR NICEVILLE FL 32578 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *John Fitzgerald* JOHN FITZGERALD 2/17/00 (850) 897-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)