

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002401

1. Entity Name

HIDDEN LAKES HOMEOWNERS' ASSOCIATION OF OKALOOSA

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90236 044 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3198523

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

FITEGARALD, JOHN  
4330 HIDDEN LAKES DR,  
NICEVILLE FL 32578

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 ☐ Delete  
NAME TRITSCHLEK, PHIL  
STREET ADDRESS 4317 HIDDEN LAKES DR  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☐ Change ☒ Addition  
NAME Kellaher, Kevin  
STREET ADDRESS 4335 Hidden Lakes Dr  
CITY-ST-ZIP Niceville, FL 32578

TITLE TD ☐ Delete  
NAME FITZGARALD, JOHN  
STREET ADDRESS 4330 HIDDEN LAKES DR.  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☐ Change ☐ Addition  
NAME Moore, Billy  
STREET ADDRESS 4343 Hidden Lakes Dr  
CITY-ST-ZIP Niceville, FL 32578

TITLE SCD ☒ Delete  
NAME WHITAKER, BERNARD  
STREET ADDRESS 3427 HIDDEN LAKES DR  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TENZYCKI, MIKE  
STREET ADDRESS 4329 HIDDEN LAKES DR.  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME GIGGINS, JERRY  
STREET ADDRESS 4323 HIDDEN LKS DR  
CITY-ST-ZIP NICEVILLE FL 32578

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:

*SIGNATURE REQUIRED* John Fitzgerald 1/13/01 (850) 897-8905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)