

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90014 016 ****61.25

DOCUMENT # N93000002401

1. Entity Name

HIDDEN LAKES HOMEOWNERS' ASSOCIATION OF OKALOOSA COUNTY, INC.

Principal Place of Business

Mailing Address

HIDDEN LAKES HOA
35000 EMERALD COAST HW
DESTIN FL 32541

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

Applied For

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

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

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

TITLE ☐ Change ☒ Addition
NAME Rick DeVuyt
STREET ADDRESS 4308 Hidden Lakes Dr
CITY-ST-ZIP Niceville, FL 32578

TITLE ☐ Delete
NAME D
STREET ADDRESS KELLAHER, KEVIN
CITY-ST-ZIP 4335 HIDDEN LAKES DRIVE
NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Steve Allen
CITY-ST-ZIP 4313 Hidden Lakes Dr
Niceville, FL 32578

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MOORE, BILL
CITY-ST-ZIP 4323 HIDDEN LKS DR
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)