

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005680

1. Entity Name

HIDDEN BAY NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

210 HIDDEN BAY DR
OSPREY FL 34229
US

Mailing Address

COMPLETE PROFESSIONAL ADMINISTRATION, INC.
P.O. BOX 20096
SARASOTA FL 34276-3096
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

65-0634912

Applied For

Not Applicable

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

~~CALLANS, BETH~~
~~C/O BETH CALLANS MGMT CORP~~
~~550 BAY ISLES RD~~
~~LONGBOAT KEY FL 34228~~

Name

DIANE WATERS

Street Address (P.O. Box Number is Not Acceptable)

5322 DUNCANWOOD DR.

City

SARASOTA

FL

Zip Code

34232

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)

MANAGER

4/23/01

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

TITLE	DP	☒ Delete
NAME	SHANMBERGER, SAM	
STREET ADDRESS	2470 BAHIA VISTA ST	
CITY - ST - ZIP	SARASOTA FL 34239	
TITLE	DVP	☒ Delete
NAME	GEBHARD, DIETER	
STREET ADDRESS	2470 BAHIA VISTA ST	
CITY - ST - ZIP	SARASOTA FL 34239	
TITLE	DST	☒ Delete
NAME	THOMAS, MAMIE	
STREET ADDRESS	2470 BAHIA VISTA ST	
CITY - ST - ZIP	SARASOTA FL 34239	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	☐ Change ☒ Addition
NAME	KENNETH D'AGOSTINO	
STREET ADDRESS	210 HIDDEN BAY DRIVE	
CITY - ST - ZIP	OSPREY FL 34229	
TITLE	VPD	☐ Change ☒ Addition
NAME	GILBERT V. ALVAREZ	
STREET ADDRESS	210 HIDDEN BAY DRIVE	
CITY - ST - ZIP	OSPREY FL 34229	
TITLE	SD	☐ Change ☒ Addition
NAME	LINDA GEBHARD	
STREET ADDRESS	210 HIDDEN BAY DRIVE	
CITY - ST - ZIP	OSPREY, FL 34229	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-15-2001 90165 016 ****61.25

8816



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)