

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005680

1. Entity Name

HIDDEN BAY NEIGHBORHOOD ASSOCIATION, INC.

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90033 033 ****61.25

Principal Place of Business

210 HIDDEN BAY DR
OSPREY FL 34229
US

Mailing Address

COMPLETE PROFESSIONAL ADMIN., 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

4. FEI Number

65-0634912

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

WATERS, DIANE
5322 DUNCANWOOD DRIVE
SARASOTA FL 34232

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
D'AGOSTINO, KENNETH
210 HIDDEN BAY DRIVE
OSPREY FL 34229 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAN SHARP
210 HIDDEN BAY DRIVE
OSPREY, FL 34229 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ALVAREZ, GILBERT V
210 HIDDEN BAY DRIVE
OSPREY FL 34229 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BARBARA DENEAU
210 HIDDEN BAY DRIVE
OSPREY, FL 34229 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GEBHARD, LINDA
210 HIDDEN BAY DRIVE
OSPREY FL 34229 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JERRY WELLS
210 HIDDEN BAY DRIVE
OSPREY, FL 34229 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Barbara Deneau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02

941-918-8867

CR2E037 (9/01)