2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowere

SIGNATURE:

FILED Mar 19, 2001 8:00 am DOCUMENT # N9600000610 Secretary of State HIDDEN PINES AT COUNTRYSIDE HOMEOWNERS ASSOCIATI 03-19-2001 90389 037 ****61.25 Mailing Address Principal Place of Business 2595 TAMPA RD., SUITE H 2595 TAMPA RD., SUITE H PALM HARBOR FL 34684 PALM HARBOR FL 34684 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 59-3383992 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name* Street Address (P.O. Box Number is Not Acceptable) RUDKIN, JEFF 2595 TAMPA RD., SUITE H PALM HARBOR FL 34684 Zip Code City 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. 20.2001 SIGNATUR typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE PD ☐ Delete TITLE Dattilo Tina WACHOLZ, STEVE NAME NAME 2472 Hidden Pines bane 2451 HICKMAN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP learwater. 71 33761 **CLEARWTER FL 33761** CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE DATTILO, TINA NAME Araca, Hear Augi Hidden Clegrungter, 7 NAME 2472 HIDDEN PINES LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP Addition ☐ Delete Change ΤĎ TITLE TITLE 600 steed SKEIM, JEFF NAME NAME 2457 HICKMAN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33761** CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete Thomas NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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