# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2002 8:00 am**
**Secretary of State**
05-02-2002 90061 005 ****61.25

DOCUMENT # N96000000610

1. Entity Name

HIDDEN PINES AT COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2595 TAMPA RD.. SUITE H<br>PALM HARBOR FL 34684 | 2595 TAMPA RD.. SUITE H<br>PALM HARBOR FL 34684 |

DO NOT WRITE IN THIS SPACE

| 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 59-3383992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RUDKIN, JEFF
2595 TAMPA RD., SUITE H
PALM HARBOR FL 34684

**7. Name and Address of New Registered Agent**

Name: Patricia Laughlin, LCAM
Street Address (P.O. Box Number is Not Acceptable): 2595 Tampa Rd., Suite H
City: Palm Harbor FL Zip Code: 34684

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: Patricia Laughlin DATE: 4/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | PD<br>DATTILO, TINA<br>2472 HIDDEN PINES LANE<br>CLEARWTER FL 33761 | ☒ Delete | TITLE ~~Pres.~~ / NAME PD / STREET ADDRESS / CITY-ST-ZIP | ARACA, HEATHER<br>2481 HIDDEN PINES LANE<br>CLEARWATER, FL 33761 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ARACA, HEATHER<br>2481 HIDDEN PINES LN<br>CLEARWATER FL 33761 | ☒ Delete | TITLE VPD / NAME / STREET ADDRESS / CITY-ST-ZIP | MICHELLE MELTON<br>2451 Hickman Circle<br>Clearwater, FL 33761 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>THOMAS, KIRSTEN<br>2482 HICKEAS CIRCLE<br>CLEARWATER FL 33761 | ☒ Delete | TITLE ~~Treas.~~ / NAME TSD / STREET ADDRESS / CITY-ST-ZIP | Gary Davis<br>2453 Hickman Circle<br>Clearwater, FL 33761 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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** 4/12/02 771-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #