

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

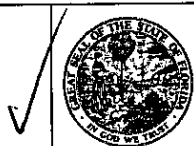
FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90112 013 ****61.25

DOCUMENT # N96000000610

1. Entity Name

HIDDEN PINES AT COUNTRYSIDE
HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3060 Alternate 19 North

3. Mailing Address
3060 Alternate 19 North

Suite, Apt. #, etc.
Suite B-15

Suite, Apt. #, etc.
Suite B-15

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

4. FEI Number
59-3383992

Applied For
Not Applicable

Zip
34683-1929

Country
USA

Zip
34683-1929

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Whetzel, Terri B., CMCA, AMS

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

2165 Trevor Road

City
Palm Harbor

FL

Zip Code
34683-1733

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Terri B. Whetzel, CMCA, AMS

01-24-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D - Melton, Michelle S. 2451 Hickman Circle Clearwater, FL 33761-2990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D - Hamilton, Suzanne 2482 Hickman Circle Clearwater, FL 33761-2975	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D - Davis, Gary W. 2482 Hickman Circle Clearwater, FL 33761-2990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle S. Melton, P/D

01-24-03

727-725-8019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)