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

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DOCUMENT # N96000000610

1. Entity Name

HIDDEN PINES AT COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3060 Alternate 19 North		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	
Zip 34683-1929	Country USA	Zip 34683-1929	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3383992 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 — 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	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
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CR2E037B (12/02)

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: MS Melton — 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 #