

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90305 020 ****61.25

0077554

DOCUMENT # N96000002731

1. Entity Name

HIDDEN LAKES CLUB MASTER ASSOCIATION, INC.

Principal Place of Business

395 COMMERCIAL COURT
 STE A
 VENICE FL 34292
 US

Mailing Address

395 COMMERCIAL COURT
 STE A
 VENICE FL 34292
 US

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

65-0694952

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

533181



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARRISH, JAYNE E
395 COMMERCIAL COURT
STE A
VENICE FL 34292

7. Name and Address of New Registered Agent

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	VD	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL W	
STREET ADDRESS	395 COMMERCIAL COURT STE A	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	POMARICO, NANCY	
STREET ADDRESS	395 COMMERCIAL COURT STE A	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARRISH, JAYNE E	
STREET ADDRESS	395 COMMERCIAL COURT STE A	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Condit, Cliff S.	
STREET ADDRESS	395 Commercial Court, Ste A	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/01

Date

941-485-5623

Daytime Phone #

CR2E037 (10/00)