

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003349

1. Entity Name

HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIA

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90058 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

120 FAIRWAY WOODS BOULEVARD  
 ORLANDO FL 32824

120 FAIRWAY WOODS BOULEVARD  
 ORLANDO FL 32824-9028

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISENFELD, JOSEPH J  
 799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131

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	D	<input checked="" type="checkbox"/> Delete
NAME	BRINGMAN, C	
STREET ADDRESS	120 FAIRWAY BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, CHARLES D	
STREET ADDRESS	120 FAIRWAY WOODS BOULEVARD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ERSKINE, C	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT KINGSTON	
STREET ADDRESS	1491 INDIGO LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH FANDETTA	
STREET ADDRESS	1143 LAKE BISCAYNEWAY	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA RINCON-DWYER	
STREET ADDRESS	1322 LAKE BISCAYNE WAY	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER MAUNIX	
STREET ADDRESS	1235 LAKE BISCAYNEWAY	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE A. DELGADO	
STREET ADDRESS	15017 LAKE AZURE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32829	
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

Robert Kingston

4/11/00

Date

407 851 490 2

Daytime Phone #

CR2E037 (9/99)