

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90034 017 ****61.25

DOCUMENT # N96000003349

1. Entity Name

HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

**2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3431330

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W
 2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

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	PD	<input type="checkbox"/> Delete
NAME	MANNIX, KASPER	
STREET ADDRESS	1491 INDIGO LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAPAPORT, MICHELLE	
STREET ADDRESS	1200 LAKE BISCAYNE WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DELGADO, JOSE	
STREET ADDRESS	15017 LAKE AZURE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASTELLANO, AIDA	
STREET ADDRESS	731 LAKE BISCAYNE WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNN, RICHARD	
STREET ADDRESS	15028 LAKE AZURE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1235 Lake Biscayne Way	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETO, ADOLFO	
STREET ADDRESS	149000 Indigo Lake Drive	
CITY-ST-ZIP	Orlando, FL 32824	
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: *Kasper Mannix*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **12 March 2002** Daytime Phone #: **438 5407**

CR2E037 (9/01)