

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0073754

DOCUMENT # N96000003349

1. Entity Name
HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.



APPROVED
AND
FILED

03 APR 25 AM 8:20

Principal Place of Business
1235 LAKE BISCAYNE WAY
ORLANDO FL 32824

Mailing Address
1235 LAKE BISCAYNE WAY
ORLANDO FL 32824

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
52 E. SOUTH STREET
Suite, Apt. #, etc.

3. Mailing Address
52 E. SOUTH STREET
Suite, Apt. #, etc.

REINSTATEMENT 2003

City & State
ORLANDO, FLORIDA
Zip
32801
Country
USA

City & State
ORLANDO, FLORIDA
Zip
32801
Country
USA

4. FEI Number **59-3431330**
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES, INC.
52 E. SOUTH ST
ORLANDO, FL. 32801

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

SIGNATURE **DON ASHER & ASSOCIATES, INC.** 3-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign **52 East South St ORLANDO, FLORIDA 32801** DATE

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	PD MANUE KASPER GOMEZ, ROSE 1235 LAKE BISCAYNE WAY 1328 ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAPAPORT, MICHELLE AUSTIN, SHERRY 1235 LAKE BISCAYNE WAY 15016 ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELGADO, JOSE 15017 LAKE AZURE DRIVE ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRETO, ADOLFO 149000 INDIGO LAKE DRIVE ORLANDO FL 32824	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900018576079 05/08/03--01078--015 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AIDA DIDZ 1342 LAKE BISCAYNE WY ORLANDO, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED

3/17/03

CR2E037 (10/02)