2002

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

FILED
Jun 13, 2002 8:00 am
Secretary of State
05-02-2002 90099 037 ****61.25

DOCUMENT # N99000005536

1. Entity Name

Hidden Lakes Section I Condominium Association, Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% Integrated Property Mgmt.	% Integrated Property Mgmt.
Suite, Apt #, etc.: 3435-10th Street N. #201	Suite, Apt #, etc.: 3435-10th Street N. #201
City & State: Naples, FL	City & State: Naples, FL
Zip: 34103 Country:	Zip: 34103 Country:

4. FEI Number: 38-1545089. ☐ 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: Scott Hennells

Street Address (P.O. Box Number is Not Acceptable): Weibel & Hennells, 9240 Bonita Beach Rd. #3305

City: Bonita Springs FL Zip Code: 34135

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: Scott D. Hennells — Scott D. Hennells — 5/20/02

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
2002

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

TITLE: D/	TITLE:
NAME: Cazalet, Alice	NAME:
STREET ADDRESS: 9870 Spring Run Blvd.	STREET ADDRESS:
CITY-ST-ZIP: Bonita Springs, FL	CITY-ST-ZIP:
TITLE: D/	TITLE:
NAME: Rogan, Patrick	NAME:
STREET ADDRESS: 9880 Spring Run Blvd.	STREET ADDRESS:
CITY-ST-ZIP: Bonita Springs, FL	CITY-ST-ZIP:
TITLE: D/	TITLE:
NAME: Walter, Joseph	NAME:
STREET ADDRESS: 9890 Spring Run Blvd.	STREET ADDRESS:
CITY-ST-ZIP: Bonita Springs, FL	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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: Alice M Cazalet ALICE CAZALET 4/15/02 239-431-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #