

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**95 APR 21 AM 9:57**

**DOCUMENT # 764962 (7)**

1. Corporation Name

**HIDDEN VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION,  
INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3030 HWY. 98 E.  
STE. 210  
DESTIN FL 32541  
US**

**P. O. BOX 1779  
DESTIN FL 32540  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/10/1982**

3a. Date of Last Report

**07/01/1984**

4. FEI Number

**59-2428721**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

**21 91 Old Highway 98**

**26 P.O. Box 1779**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 210**

**27**

City & State

City & State

**23 Destin, Florida**

**28 Destin, Florida**

Zip

Country

Zip

Country

**24 32541**

**25 USA**

**29 32540**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWMAN-DAILEY RESORT PROPERTIES, INC.  
C/O LORRI SMITH  
5050 HWY 98 E  
DESTIN FL 32541**

**81 Name Newman-Dailey Resort Properties**

**82 Street Address (P.O. Box Number is Not Acceptable)  
C/O Lorri Smith**

**83 91 Old Highway 98, Suite 210**

**84 City Destin**

**FL**

**85 Zip Code  
32541**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jarri Smith CAM*

*Lorri Smith*

*4/10/95*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CLINE, JOE</b>
STREET ADDRESS	<b>100 BRADLEY ST., UNIT 13</b>
CITY - ST - ZIP	<b>DESTIN FL</b>
TITLE	<b>P</b>
NAME	<b>RUSSELL, JIM</b>
STREET ADDRESS	<b>5 SIR EDWARD TEACH RD.</b>
CITY - ST - ZIP	<b>MIDWAY GA</b>
TITLE	<b>STD</b>
NAME	<b>STEWART, GAIL</b>
STREET ADDRESS	<b>100 BRADLEY ST.</b>
CITY - ST - ZIP	<b>DESTIN FL</b>
TITLE	<b>D</b>
NAME	<b>DARNELL, DALE</b>
STREET ADDRESS	<b>8969 WOLFE RD.</b>
CITY - ST - ZIP	<b>CALEDONIA MS</b>
TITLE	<b>D</b>
NAME	<b>EVERETT, RANDALL</b>
STREET ADDRESS	<b>822 TARPON DR.</b>
CITY - ST - ZIP	<b>FT. WALTON BEACH FL</b>
TITLE	<b>VPD</b>
NAME	<b>BEITH, MITCH</b>
STREET ADDRESS	<b>100 BRADLEY ST., #12</b>
CITY - ST - ZIP	<b>DESTIN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Ron Kitchens</b>	
1.3 STREET ADDRESS	<b>285 Mebane Road</b>	
1.4 CITY - ST - ZIP	<b>Oakland, TN 38060-4011</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gail Stewart</b>	
3.3 STREET ADDRESS	<b>100 Bradley Street, Unit #2</b>	
3.4 CITY - ST - ZIP	<b>Destin, Florida 32541</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-17-95*

Date

*912-884-5892*

Telephone Number

761962

HIDDEN VILLAS TOENHOMES  
BOARD OF DIRECTORS CONTINUED

SECORD VICE PRESIDENT  
MADELINE D. DAVIS  
100 BRADLEY STREET, UNIT #06  
DESTIN, FLORIDA 32541

DIRECTOR  
WALTER KNOFF  
81B OSPREY COVE ROAD  
SANTA ROSA BEACH, FLORIDA 32459