

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 424-96 B 4406 C

DOCUMENT # 764962 (7)

1. Corporation Name

HIDDEN VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

91 OLD HWY 98
STE 210
DESTIN FL 32541
US

P. O. BOX 1779
DESTIN FL 32540
US

3. Date Incorporated or Qualified
09/10/1982

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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
91 OLD HWY 98, STE 210
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KITCHENS, RON	
STREET ADDRESS	285 MEBANE RD	
CITY-ST-ZIP	OAKLAND TN	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, JIM	
STREET ADDRESS	5 SIR EDWARD TEACH RD.	
CITY-ST-ZIP	MIDWAY GA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STEWART, GAIL	
STREET ADDRESS	100 BRADLEY ST.	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARNELL, DALE	
STREET ADDRESS	8989 WOLFE RD.	
CITY-ST-ZIP	CALEDONIA MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVERETT, RANDALL	
STREET ADDRESS	822 TARPON DR.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BEITH, MITCH	
STREET ADDRESS	100 BRADLEY ST., #12	
CITY-ST-ZIP	DESTIN FL	

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

P
Madeline Davis
100 Bradley St., Unit 6
Destin, FL 32541

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 119.07(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:

Gail Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

Outtime Phone #

CR2E037 (12/95)