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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764962 (7)
1. Corporation Name
HIDDEN VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 91 OLD HWY 98 STE 210 DESTIN FL 32541 US	Mailing Address P. O. BOX 1779 DESTIN FL 32540-1779 US
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3. Date Incorporated or Qualified 09/10/1982	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2428721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**NEWMAN-DAILEY RESORT PROPERTIES, INC.
C/O LORRI SMITH
91 OLD HWY 98, STE 210
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 *X. Ronald Ketchum* DATE **3/11/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITCHENS, RON	1.2 NAME	
STREET ADDRESS	285 MEBANE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND TN	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MADELINE	2.2 NAME	Ann Hornstein
STREET ADDRESS	100 BRADLEY ST, UNIT 6	2.3 STREET ADDRESS	37. E. Bradley #7
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	V/P/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, GAIL	3.2 NAME	
STREET ADDRESS	100 BRADLEY ST.	3.3 STREET ADDRESS	37. E. Bradley #2
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARNELL, DALE	4.2 NAME	Michelle Michaels-Jost
STREET ADDRESS	8989 WOLFE RD.	4.3 STREET ADDRESS	37. E. Bradley, #1
CITY-ST-ZIP	CALEDONIA MS	4.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, RANDALL	5.2 NAME	
STREET ADDRESS	822 TARPON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEITH, MITCH	6.2 NAME	
STREET ADDRESS	100 BRADLEY ST., #12	6.3 STREET ADDRESS	37. E. Bradley, #12
CITY-ST-ZIP	DESTIN FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

CFR2E037 (9/96)