

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90015 027 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

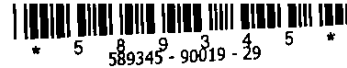
**FLORIDA DEPARTMENT OF STATE**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 764962**

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  
 US



21. Principal Place of Business		28. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/10/1982	
22. City & State		27. City & State		4. FEI Number	
Zip		Zip		59-2428721	
Country		Country		Applied For	
25. Zip		29. Zip		Not Applicable	
26. Country		30. Country		5. Certificate of Status Desired	
23. City & State		28. City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing	
25. Country		30. Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
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: **Loretta W. Smith, CAM**  
 82 Street Address (P.O. Box Number is Not Acceptable): **Newman Daley Resort Prop Inc**  
 83 City: **Destin**  
 84 State: **FL**  
 85 Zip Code: **32541**

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE: *Loretta W. Smith* NAME: **Loretta W. Smith** DATE: **6/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRWAFORD, DAWN</b>	1.2 NAME	
STREET ADDRESS	<b>37 E. BRADLEY UNIT 11</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORNSTEIN, ANNE</b>	2.2 NAME	
STREET ADDRESS	<b>37 E BRADLEY #7</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, GAIL</b>	3.2 NAME	
STREET ADDRESS	<b>37 E BRADLEY #2</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HILBRAND, RHONDA</b>	4.2 NAME	<b>VPD</b>
STREET ADDRESS	<b>37 E BRADLEY UNIT 8</b>	4.3 STREET ADDRESS	<b>Scott Davis</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	4.4 CITY-ST-ZIP	<b>37 E. Bradley #15</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOPF, WALTER</b>	5.2 NAME	
STREET ADDRESS	<b>81B OSPREY COVE ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRETT, SEAN</b>	6.2 NAME	
STREET ADDRESS	<b>110 ST. MARY'S AVE. S.W.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *C. Dawn Crawford* DATE: **5/26/99** (5/27-9090)

CR2E037 (11/98)