

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90047 014 ****61.25

DOCUMENT # 764962

1. Entity Name

HIDDEN VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

91 OLD HWY 98
 STE 210
 DESTIN FL 32541
 US

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

2. Principal Place of Business

3. Mailing Address

37 E. BRADLEY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

4. FEI Number

59-2428721

Applied For

Not Applicable

Zip

Country

32541

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN-DAILEY RESORT PROPERTIES, INC
 C/O LORETTA W SMITH
 12815 HWY 98 W STE 100
 DESTIN FL 32541**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Loretta W Smith CAM
Loretta W. Smith, CAM

3/27/00

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
CRWAFORD, DAWN
 STREET ADDRESS **37 E. BRADLEY UNIT 11**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME **President Director**
Crawford, DAWN
 STREET ADDRESS **37 E. Bradley St, # 11**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE Delete
 NAME **ST**
HORNSTEIN, ANNE
 STREET ADDRESS **37 E BRADLEY #7**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD**
STEWART, GAIL
 STREET ADDRESS **37 E BRADLEY #2**
 CITY-ST-ZIP **DESTIN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
DAVIS, SCOTT
 STREET ADDRESS **37 E BRADLEY #15**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Director**
Gilmore, Ivey
 STREET ADDRESS **433 Five-Mile Road**
 CITY-ST-ZIP **Eufaula, AL 36027**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/2000 **850-837-1071**
 Date Daytime Phone #

CR2E037 (9/99)