


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90055 024 ****61.25

DOCUMENT # 764962

1. Entity Name
HIDDEN VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**37 E BRADLEY
 DESTIN, FL 32541 US**

Mailing Address
**P.O. BOX 1779
 DESTIN, FL 32540-1779**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6580
 Suite, Apt. #, etc.

03122005 Chg-NP CR2E037 (10/03)

City & State
Destin, FL

4. FEI Number
59-2428721

Applied For
 Not Applicable

Zip
32541

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NEWMAN-DAILEY RESORT PROPERTIES, INC
 C/O LORETTA W SMITH
 12815 HWY 98 W STE 100
 DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
Ludington, George

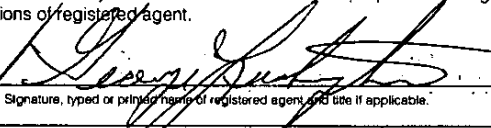
Street Address (P.O. Box Number is Not Acceptable)
477 Captains Circle

City
Destin

State
FL

Zip Code
32541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **4/4/05**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HORNSTEIN, ANNE	
STREET ADDRESS	37 E. BRADLEY UNIT 11	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEWART, GAIL	
STREET ADDRESS	37 E. BRADLEY UNIT 11	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCOUITE, MICHELLE	
STREET ADDRESS	37 E. BRADLEY UNIT 11	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NORWOOD, EVE	
STREET ADDRESS	4 CANOE COURT	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, SCOTT	
STREET ADDRESS	106 PERRY STREET	
CITY-ST-ZIP	CENTERVILLE, TN 37033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Winn, Marci	
STREET ADDRESS	37 East Bradley #12	
CITY-ST-ZIP	Destin, FL 32550	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brookins, Michelle	
STREET ADDRESS	604 Pinecone Cove	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/4/2005 850-654-4342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #