2007 NOT-FOR-PROFIT CORPORATION

Apr 04, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #764962** 04-04-2007 90176 006 ****61.25 1. Entity Name HIDDEN VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40020--37 E BRADLEY P.O. BOX 6580 DESTIN, FL 32541 DESTIN, FL 32541 US US 02192007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2428721 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent LUDINGTON, GEORGE DO NOT WRITE **477 CAPTAINS CIRCLE** DESTIN, FL 32541 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME HORNSTEIN, ANNE STREET ADDRESS 37 E, BRADLEY UNIT 11 CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STEWART, GAIL STREET ADDRESS P.O. BOX 6025 CITY-ST-ZIP MIRAMAR BEACH, FL 32550 TITLE VD NAME WINN, MARCI STREET ADDRESS 101 HIDDEN LAKES DR DO NOT WRITE CITY-ST-ZIP MIRAMAR BEACH, FL 32550 IN THIS SPACE TITLE NAME NORWOOD, EVE STREET ADDRESS 4 CANOE COURT CITY-ST-ZIP MIRAMAR BEACH, FL 32550 TITLE NAME BROOKINS, MICHELLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET AODRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

604 PINECONE COVE

NICEVILLE, FL 32578

FILED