
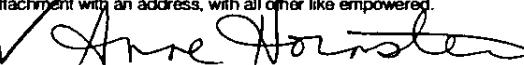


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90045 024 \*\*\*\*61.25

<b>DOCUMENT # 764962</b>					
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 6580 DESTIN, FL 32541 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2428721	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUDINGTON, GEORGE 477 CAPTAINS CIRCLE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and (S&amp;A if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSTEIN, ANNE		NAME		
STREET ADDRESS	37 E. BRADLEY UNIT 11		STREET ADDRESS		
CITY - ST - ZIP	DESTIN, FL 32541		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, GAIL		NAME		
STREET ADDRESS	P.O. BOX 6025		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, MARCI		NAME		
STREET ADDRESS	101 HIDDEN LAKES DR		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, EVE		NAME		
STREET ADDRESS	4 CANOE COURT		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKINS, MICHELLE		NAME		
STREET ADDRESS	604 PINECONE COVE		STREET ADDRESS		
CITY - ST - ZIP	NICEVILLE, FL 32578		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: 850-269-0032		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		