FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:22

DOCUMENT # N28379 (8)

1. Corporation Name
HIDDEN LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
143 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS FL 32433 US	143 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS FL 32433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1988
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-1884219 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 313 Hidden Lakes Trail	26 313 Hidden Lakes Trail
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DeFuniak Springs, FL.	28 City & State: DeFuniak Springs, FL.
24 Zip: 32433 25 County: Walton	29 Zip: 32433 30 County: Walton

9. Name and Address of Current Registered Agent

NALL, JOE
143 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: James L. Buchannon
82 Street Address (P.O. Box Number is Not Acceptable): 313 Hidden Lakes Trail
83
84 City: DeFuniak Springs FL 85 Zip Code: 32433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] James L. Buchannon President DATE: 19 Apr 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P (D)	☑ Change ☐ Addition
NAME	NALL, JOE	12 NAME	James L. Buchannon	
STREET ADDRESS	143 HIDDEN LAKES TRAIL	13 STREET ADDRESS	313 Hidden Lakes Trail	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	14 CITY-ST-ZIP	DeFuniak Springs, FL. 32433	
TITLE	VP	21 TITLE	VP Silvey, Jean (D)	☐ Change ☐ Addition
NAME	SILVEY, JEAN	22 NAME		
STREET ADDRESS	125 HIDDEN LAKES TRAIL	23 STREET ADDRESS	125 Hidden Lakes Trail	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	24 CITY-ST-ZIP	DeFuniak Springs, FL. 32433	
TITLE	S	31 TITLE	S/T (D)	☑ Change ☐ Addition
NAME	THOMPSON, CARLA	32 NAME	Carla Thompson	
STREET ADDRESS	142 HIDDEN LAKES TRAIL	33 STREET ADDRESS	142 Hidden Lakes Trail	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	34 CITY-ST-ZIP	DeFuniak Springs, FL. 32433	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	NALL, JOANNE	42 NAME		
STREET ADDRESS	143 HIDDEN LAKES TRAIL	43 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] James L. Buchannon 19 Apr 95 (904) 892-7239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028017