


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28379** (8)

1. Corporation Name

HIDDEN LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**313 HIDDEN LAKE TRAIL
DEFUNIAK SPRINGS FL 32433
US**

**313 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS FL 32433
US**

3. Date Incorporated or Qualified

09/15/1988

4. FEI Number

59-1884219

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHANNON, JAMES L
313 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS FL 32433**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

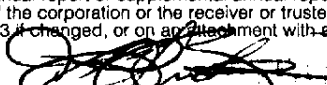
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANNON, JAMES L	1.2 NAME	
STREET ADDRESS	313 HIDDEN LAKE TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVEY, JEAN	2.2 NAME	Dorsey, Rufus
STREET ADDRESS	125 HIDDEN LAKES TRAIL	2.3 STREET ADDRESS	150 Hidden Lakes Trail
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	DeFuniak Springs, FL. 32433
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CARL	3.2 NAME	
STREET ADDRESS	142 HIDDEN LAKES TRIAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALL, JOANNE	4.2 NAME	
STREET ADDRESS	143 HIDDEN LAKES TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  **James L. Burchannon, PD** 2/24/98 (850) 892-8580

CR2E037 (10/97)