

DOCUMENT # N28379

1. Entity Name

HIDDEN LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN

FILED
May 02, 2000 8:00 am
Secretary of State

03-20-2000 90014 023 ****61.25

Principal Place of Business

Mailing Address

91 HIDDEN LAKES TRAIL
 DEFUNIAK SPRINGS FL 32433
 US

91 HIDDEN LAKES TRAIL
 DEFUNIAK SPRINGS FL 32433-3205
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1884219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILFORD
~~WILFORD~~, ROBERT W
 91 HIDDEN LAKES TRAIL
 DEFUNIAK SPRINGS FL 32433

*Not new ...
 correcting
 last name
 spelling.*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
 NAME BUCHANNON, JAMES L
 STREET ADDRESS 313 HIDDEN LAKES TRAIL
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Change ☐ Addition
 NAME ... LAKES...
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME WILFORD, ROBERT W
 STREET ADDRESS 91 HIDDEN LAKES TRAIL
 CITY-ST-ZIP DEFUNIAK SPGS FL 32433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☐ Delete
 NAME LEWIS, JANETTE
 STREET ADDRESS 45 HIDDEN LAKES TRAIL
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert W. Wilford 3-14-00 (850) 547-3688

CR2E037 (9/99)