

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0016442

DOCUMENT # N28379

1. Entity Name

HIDDEN LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN

02-13-2001 90574 016 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

420 Hidden Lakes Trail
 Suite, Apt. #, etc.

3. Mailing Address

420 Hidden Lakes Trail
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DeFuniak Springs

City & State

DeFuniak Springs

4. FEI Number

59-1884219

Applied For

Not Applicable

Zip

32433

Country

USA

Zip

32433

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Thomas L. Powell**

Street Address (P.O. Box Number is Not Acceptable)
420 Hidden Lakes Trail

City **DeFuniak Springs**

FL

Zip Code **32433**

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 **Thomas L. Powell**

Thomas L. Powell

January 30, 2001

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
 NAME **POWELL, THOMAS L.**
 STREET ADDRESS **420 HIDDEN LAKES TRAIL**
 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **~~VPD~~** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
 NAME **REODICA, SALOMAN D.**
 STREET ADDRESS **349 HIDDEN LAKES TRAIL**
 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **STD** ☐ Change ☒ Addition
 NAME **Varnum, M. Melissa**
 STREET ADDRESS **131 Hidden Lakes Trail**
 CITY-ST-ZIP **DeFuniak Spgs, FL 32433**

TITLE ☐ Change ☐ Addition
 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: **Thomas L. Powell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2001

Date

850-892-0555

Daytime Phone #

CR2E037 (10/00)