

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28379

FILED
Mar 22, 2010
Secretary of State

Entity Name: HIDDEN LAKES ESTATES HOMEOWNERS ASSOCIATION OF DEFUNIAK SPRINGS, INC.

Current Principal Place of Business:

HIDDEN LAKES EST. HOMEOWNERS ASSN.
212 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

HIDDEN LAKES EST. HOMEOWNERS ASSN.
294 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433 US

Current Mailing Address:

HIDDEN LAKES EST. HOMEOWNERS ASSN.
P.O. BOX 954
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 59-1884219 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUCHANNON, JAMES
313 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

DONNA BRADSHAW
294 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433 US

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: DONNA L BRADSHAW 03/22/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VEALS, JOHN
Address: 273 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP
Name: JANKOWSKI, LEONARD
Address: 420 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ST
Name: BRADSHAW, DONNA
Address: 294 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA L BRADSHAW ST 03/22/2010

Electronic Signature of Signing Officer or Director Date