

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**May 01, 1996 08:00 AM**  
Secretary of State

**DOCUMENT # N95000005624 (0)**

1. Corporation Name

**HIDDEN HARBOR ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**3790 MISTY WAY  
DESTIN FL 32541**

**3790 MISTY WAY  
DESTIN FL 32541**

3. Date Incorporated or Qualified  
**11/29/1995**

3a. Date of Last Report

**6**

2. Principal Place of Business

2a. Mailing Address

**21 781 Springs Lake Dr.**

**26 Box 1495**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Destin FL**

**27 Destin FL**

City & State

City & State

**23 32541**

**28 32540**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGILL, ROBERT E III  
743 HIGHWAY 98, EAST  
DESTIN FL 32541**

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  DELETE

1.1 TITLE  Change  Addition

NAME **Ray Abrell**

1.2 NAME

STREET ADDRESS **781 Springs Lake Dr**

1.3 STREET ADDRESS

CITY-ST-ZIP **Destin, FL 32541**

1.4 CITY-ST-ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME **Michael Smith**

2.2 NAME

STREET ADDRESS **Box 1495 81 Hidden Harbor Lane**

2.3 STREET ADDRESS

CITY-ST-ZIP **Destin FL 32540**

2.4 CITY-ST-ZIP

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME **Director Wayne Clark**

3.2 NAME

STREET ADDRESS **781 Springs Lake Dr**

3.3 STREET ADDRESS

CITY-ST-ZIP **Destin, FL 32541**

3.4 CITY-ST-ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

**G96180900078**  
**-06/28/96--01091--021**  
**\*\*\*61.25**

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:

*Michael Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 12/6 904-654-8545*

Date

Daytime Phone #

CR2E037 (12/95)