

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

04-02-2002 90945 043 ****61.25

DOCUMENT # **N95000005624** ✓
1. Entity Name
Hidden Harbor Estates Homeowners Association, INC

DO NOT WRITE IN THIS SPACE

37749

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 6398
Suite, Apt #, etc.
16 Hidden Harbor Ln
City & State
Destin, FL 32550
Zip
32550 Country
USA

3. Mailing Address
P.O. Box 6398
Suite, Apt. #, etc.
City & State
Destin, FL
Zip
32550 Country
USA

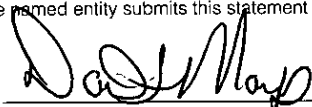
4. FEI Number
59-3499451 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **David T Mayo**
Street Address (P.O. Box Number is Not Acceptable)
16 Hidden Harbor Lane
City **Destin** FL Zip Code **32550**

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  **David T Mayo, President** 6/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR

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 DP	President	TITLE NAME	
NAME	David T Mayo	STREET ADDRESS	
STREET ADDRESS	16 Hidden Harbor Lane	CITY-ST-ZIP	
CITY-ST-ZIP	Destin, FL 32550		
TITLE DVP	Vice President	TITLE NAME	
NAME	Gay Owens	STREET ADDRESS	
STREET ADDRESS	64 Hidden Harbor Lane	CITY-ST-ZIP	
CITY-ST-ZIP	Destin, FL 32550		
TITLE DST	Secretary & Treasurer	TITLE NAME	
NAME	Diane Morrison	STREET ADDRESS	
STREET ADDRESS	28 Hidden Harbor Lane	CITY-ST-ZIP	
CITY-ST-ZIP	Destin, FL 32550		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

CR2E037B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005624

1. Entity Name

HIDDEN HARBOR ESTATES HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

1234 AIRPORT ROAD #119
DESTIN FL 32541

1234 AIRPORT ROAD #119
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

118

Suite, Apt. #, etc.

118

City & State

City & State

4. FEI Number

59-3499451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIELMEYER, GARY
52 HIDDEN HARBOR LANE
DESTIN FL 32541

Name

Joyce A. Tucker

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

1234 Airport Rd #118

City

Destin

FL

Zip Code

32541

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

[Signature]

Joyce A. Tucker

3/26/02

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 DT Delete
NAME BRIELMEYER, GARY
STREET ADDRESS 52 HIDDEN HARBOR LANE
CITY-ST-ZIP DESTIN FL 32550

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP Delete
NAME SMITH, MICHAEL
STREET ADDRESS 81 HIDDEN HARBOR LN
CITY-ST-ZIP DESTIN FL 32541

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP Delete
NAME MOORE, JAN
STREET ADDRESS HIDDEN HARBOR LANE
CITY-ST-ZIP DESTIN FL 32250

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME ROKANNE SMITH
STREET ADDRESS 81 HIDDEN HARBOR LN
CITY-ST-ZIP DESTIN FL 32550

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)(1), 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 #

[Signature]

3/26/02

Attachment Doc 37749



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)