

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90053 050 ****70.00

DOCUMENT # N95000005624

1. Entity Name

HIDDEN HARBOR ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

64 HIDDEN HARBOR LN.
 DESTIN FL 32550

P.O. BOX 6398
 DESTIN FL 32550

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)



4. FEI Number

59-3499451

Applied For

Not Applicable

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

OWENS, GAY
 64 HIDDEN HARBOR LN
 MIRAMAR-BEACH-FL 32550

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP Delete
 NAME: OWENS, GAY
 STREET ADDRESS: 64 HIDDEN HARBOR LN
 CITY-ST-ZIP: DESTIN FL 32550

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

TITLE: DVP Delete
 NAME: COTE, BOB
 STREET ADDRESS: 164 HIDDEN HARBOR LANE
 CITY-ST-ZIP: DESTIN FL 32550

TITLE: Change Addition
 NAME: **KEVIN CRAIG**
 STREET ADDRESS: **296 N. HOLIDAY RD.**
 CITY-ST-ZIP: **DESTIN FL. 32550**

TITLE: DST Delete
 NAME: MOORE, JAN
 STREET ADDRESS: 52 HIDDEN HARBOR LN.
 CITY-ST-ZIP: DESTIN FL 32250

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: GAY OWENS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 8 2007 850-650-0106
 Date Daytime Phone #