

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90191 037 \*\*\*\*61.25

DOCUMENT # **N95000005624**



1. Entity Name  
**HIDDEN HARBOR ESTATES HOMEOWNERS' ASSOCIATION, I NC.**

Principal Place of Business  
P.O. BOX 6398  
~~16 HIDDEN HARBOR LN~~  
~~DESTIN FL 32550~~

Mailing Address  
P.O. BOX 6398  
DESTIN FL 32550



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**64 HIDDEN HARBOR LN.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 6398**  
Suite, Apt. #, etc.

City & State  
**DESTIN, FL**

City & State  
**DESTIN, FL**

4. FEI Number **59-3499451**

Applied For  
Not Applicable

Zip  
**32550**

Country  
**WALTON**

Zip  
**32550**

Country  
**WALTON**

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

**MAYO, DAVID T**  
**16 HIDDEN HARBOR LANE**  
**DESTIN FL 32550**

Name **GAY OWENS**  
Street Address (P.O. Box Number is Not Acceptable)  
**64 HIDDEN HARBOR LN.**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GAY OWENS PRESIDENT** *[Signature]* **2-7-03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MAYO, DAVID T</b> <b>16 HIDDEN HARBOR LANE</b> <b>DESTIN FL 32550</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>OWENS, GAY</b> <b>164 HIDDEN HARBOR LANE</b> <b>DESTIN FL 32550</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>MORRISON, DIANE</b> <b>28 HIDDEN HARBOR LANE</b> <b>DESTIN FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GAY OWENS</b> <b>64 HIDDEN HARBOR LN</b> <b>DESTIN, FL 32550</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>BOB COTE</b> <b>79 HIDDEN HARBOR LN.</b> <b>DESTIN, FL 32550</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **GAY OWENS PRESIDENT** *[Signature]* **2-7-03** **850-650-0106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)