

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764962

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC3411283323**

**Entity Name:** HIDDEN VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

37 E BRADLEY  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

P.O. BOX 9129  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 59-2428721**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KIELACK, SHARLENE  
2410 SCENIC GULF DRIVE  
#202B  
MIRAMAR BEACH, FL 32550 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SPOTTS, ALETA  
Address 37 E. BRADLEY UNIT 14  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name GRAHAM, ALISA  
Address 37 E BRADLEY #6  
City-State-Zip: MIRAMAR BEACH FL 32550

Title STD  
Name DAVIS, SCOTT  
Address 37 E BRADLEY #15  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name BACH, JOHN  
Address 1227 DICKERSON DRIVE  
City-State-Zip: N WALES PA 19454

Title DIRECTOR  
Name MCKEE, LAURA  
Address 37 E BRADLEY #12  
City-State-Zip: MIRAMAR BEACH FL 32550

*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: ALETA SPOTTS**

**PRESIDENT**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date