

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003579

FILED
Apr 06, 2009
Secretary of State

Entity Name: HIDDEN PINES PROPERTY OWNERS ASSOCIATION OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

4004 LAUREN COURT
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 1129
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3726423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBERT, JOHN M
4004 LAUREN COURT
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUBERT, JOHN M
Address: 4004 LAUREN COURT
City-St-Zip: DESTIN, FL 32541

Title: DV () Delete
Name: COLLINS, JOHN
Address: 349 LOUISE CIRCLE.
City-St-Zip: DESTIN, FL 32541

Title: DST () Delete
Name: MOATES, JAMES
Address: 337 LOUISE CIRCLE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN M LUBERT

DP

04/06/2009

Electronic Signature of Signing Officer or Director

Date