

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90485 049 \*\*\*\*61.25

<b>DOCUMENT # N03000005001</b> 1. Entity Name HIDDEN SPRINGS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 502 EAST HIGHWAY 20 SUITE A NICEVILLE, FL 32758			Mailing Address 502 EAST HIGHWAY 20 SUITE A NICEVILLE, FL 32758		
2. Principal Place of Business 4502 Hwy 20., E. Ste A Suite, Apt. #, etc. Suite A City & State Niceville, FL 32		3. Mailing Address 4502 Hwy 20 E., Ste A. Suite, Apt. #, etc. Suite A City & State Niceville Zip 32578 Country USA		4. FEI Number 20-1029784 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BURKE, M. TODD THE LAW OFFICES OF BURKE & BLUE, P.A. 215 GRAND BLVD., STE. 100 DESTIN, FL 32550			
7. Name and Address of New Registered Agent Name Edna Keefe Street Address (P.O. Box Number is Not Acceptable) 4502 Hwy 20, E. S Suite A City Niceville FL Zip Code 32578		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 <u>Edna M. Keefe</u> <u>EDNA M. KEEFE</u> <u>4/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SIMS, RANDY 4018 BOND CIRCLE NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEEFE, EDNA 4052 E. HIGHWAY 20, SUITE A NICEVILLE, FL 325785176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, TIM P. O. BOX 456 DESTIN, FL 32540	<input type="checkbox"/> Delete	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"/> Delete		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"/> Delete		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"/> Delete		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: <u>Edna M. Keefe</u> <u>Apr. 22, 2004</u> <u>850-877-6608</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					