

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003374

FILED
Apr 29, 2005
Secretary of State

Entity Name: HIDDEN HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

981 HWY E #3-260
DESTIN, FL 32541

New Principal Place of Business:

724 HWY 98 EAST #102
DESTIN, FL 32541

Current Mailing Address:

981 HWY E #3-260
DESTIN, FL 32541

New Mailing Address:

724 HWY 98 EAST #102
DESTIN, FL 32541

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLBORN, JAMES J
981 HWY E #3-260
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

WELLBORN, JAMES J
724 HWY 98 EAST #102
DESTIN, FL 32541 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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLBORN, JAMES J
Address: 981 HWY E #3-260
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: WELLBORN, RENEE M
Address: 981 HWY E #3-260
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: KINGSTON, GEORGE
Address: 1776 PEACHTREE ST NE
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WELLBORN, JAMES J
Address: 724 HWY 98 EAST #102
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: WELLBORN, RENEE M
Address: 724 HWY 98 EAST #102
City-St-Zip: DESTIN, FL 32541

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RENEE M WELLBORN

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date