

FILED
Jun 06, 2005 8:00 am
Secretary of State

66041 : 00

1. Name of the vessel 2. Date of departure 3. Name of the captain 4. Name of the master 5. Name of the mate 6. Name of the steward 7. Name of the cook 8. Name of the cabin boy 9. Name of the deck hand 10. Name of the engine room 11. Name of the stewardess 12. Name of the purser 13. Name of the ticket agent 14. Name of the travel agent 15. Name of the hotel 16. Name of the restaurant 17. Name of the bar 18. Name of the lounge 19. Name of the smoking room 20. Name of the library 21. Name of the gymnasium 22. Name of the swimming pool 23. Name of the spa 24. Name of the casino 25. Name of the shopping area 26. Name of the entertainment area 27. Name of the outdoor area 28. Name of the indoor area 29. Name of the parking area 30. Name of the loading area 31. Name of the unloading area 32. Name of the baggage claim area 33. Name of the customs area 34. Name of the immigration area 35. Name of the health area 36. Name of the security area 37. Name of the medical area 38. Name of the pharmacy area 39. Name of the dental area 40. Name of the optician area 41. Name of the hairdresser area 42. Name of the beautician area 43. Name of the manicurist area 44. Name of the pedicurist area 45. Name of the masseur area 46. Name of the physiotherapist area 47. Name of the psychologist area 48. Name of the psychiatrist area 49. Name of the social worker area 50. Name of the counselor area 51. Name of the teacher area 52. Name of the student area 53. Name of the professor area 54. Name of the researcher area 55. Name of the scientist area 56. Name of the engineer area 57. Name of the architect area 58. Name of the designer area 59. Name of the artist area 60. Name of the musician area 61. Name of the actor area 62. Name of the dancer area 63. Name of the comedian area 64. Name of the writer area 65. Name of the journalist area 66. Name of the reporter area 67. Name of the editor area 68. Name of the publisher area 69. Name of the printer area 70. Name of the bookseller area 71. Name of the record store area 72. Name of the clothing store area 73. Name of the shoe store area 74. Name of the jewelry store area 75. Name of the electronics store area 76. Name of the furniture store area 77. Name of the home appliances store area 78. Name of the garden center area 79. Name of the pet store area 80. Name of the toy store area 81. Name of the sporting goods store area 82. Name of the travel agency area 83. Name of the insurance company area 84. Name of the bank area 85. Name of the post office area 86. Name of the government office area 87. Name of the court area 88. Name of the police station area 89. Name of the fire station area 90. Name of the hospital area 91. Name of the clinic area 92. Name of the pharmacy area 93. Name of the dental office area 94. Name of the optician area 95. Name of the hairdresser area 96. Name of the beautician area 97. Name of the manicurist area 98. Name of the pedicurist area 99. 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DOCUMENT # N04000008542		Secretary of State 04-20-2005 90352 023 ****70.00	
1. Entity Name HIDDEN LAGOON CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2433 THOMAS DRIVE #124 PANAMA CITY FL 32408		Mailing Address 2433 THOMAS DRIVE #124 PANAMA CITY FL 32408	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PEASE, CLARA 2433 THOMAS DRIVE #124 PANAMA CITY BEACH FL 32408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Clara Y. Pease</i> DATE <i>April 18, 2005</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		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	<i>OFFICER Julie Lang, Secretary 2108 Pebble Beach H. Panama City Beach, FL 32408</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>OFFICER Regina Armstrong, Vice President 2319 Oakwood St Panama City Beach, FL 32408</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: <i>Clara Y. Pease</i>		DATE: <i>April 18, 2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	