2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 8:00 am DOCUMENT # N04000008542 **Secretary of State** 1. Entity Name 02-20-2006 90051 035 ****61.25 HIDDEN LAGOON CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2433 THOMAS DRIVE #124 2433 THOMAS DRIVE #124 PANAMA CITY FL 32408 PANAMA CITY FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 72-1595993 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEASE, CLARA Street Address (P.O. Box Number is Not Acceptable) 2433 THOMAS DRIVE #124 PANAMA CITY BEACH FL 32408 Zip Code 8. The above named entity subtraits 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 regist SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TIBLE ☐ Delete THILE ☐ Addition Mara LANG, JULIE NAME 2433 Thomas Dro. # 124 2108 PEBBLE BEACH N STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Defete TITLE ARMSTRONG, REGINA NAME MARKE 2319 OAKWOOD STREET STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP nne Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI CHY-ST-7IP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 truster 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:

FILED