

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N04000008542

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



04232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1595993

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PEASE, CLARA  
2433 THOMAS DRIVE #124  
PANAMA CITY BEACH, FL 32408

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LANG, JULIE  
2108 PEBBLE BEACH RD  
PANAMA CITY, FL 32408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ARMSTRONG, REGINA  
2319 OAKWOOD STREET  
PANAMA CITY, FL 32408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PEASE, CLARA Y  
2433 THOMAS DR. #124  
PANAMA CITY, FL 32408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000752407  
05/21/07-80016-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #