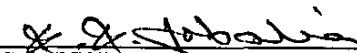


FILED
May 02, 2005 8:00 am
Secretary of State

14012660



DOCUMENT # N04000011083						05-02-2005 90392 041 ***61.25	
1. Entity Name HIDDEN LAKES OF PALM COAST HOMEOWNER'S ASSOCIATION, INC.							
Principal Place of Business 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176				Mailing Address 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number		☒ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176				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 _____ 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, 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	PD JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS FISHER, JAMES R. 685 GRANDE VENETIAN BAY BLVD. NEW SMYRNA BEACH, FL 32168 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVPT PAYTAS, JR., JAMES 794 SANDERS RD. PORT ORANGE, FL 32127 ☐ 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: 				4-27-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			