2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N05000011439

1. Entity Name
HIDDEN SHORES HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
CHELITGA PROPERTY MGMT 3248 SUMMIT BLVD SUITE #4 PENSACOLA, FL 32503	CHELITGA PROPERTY MGMT 3248 SUMMIT BLVD SUITE #4 PENSACOLA, FL 32503

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ETHERIDGE PROPERTY MGMT	ETHERIDGE PROPERTY MGMT
Suite, Apt. #, etc. 3298 SUMMIT BLVD. SUITE 4	Suite, Apt. #, etc. 3298 SUMMIT BLVD. SUITE 4
City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip / Country 32503 / USA	Zip / Country 32503 / USA

4. FEI Number
20-4694294
☐ Applied For
☐ Not Applicable

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
~~ETHERIAGE, RAY D~~ 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503	Name: ETHERIDGE , RAY O 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 MARTIN, CHAD 6376 HERONWALK DR. GULF BREEZE, FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOEBELS, DEBORAH 6286 HERONWALK Dr GULF BREEZE, FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WESCOTT, HOWARD 6451 HERONWALK DR. GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOEBELS, JOSEPH 6286 HERONWALK Dr GULF BREEZE, FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT BLONDIN, HEATHER 6819 HERONWALK DR. GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAHMS, BRIGITTE 1992 Rue La FONTAINE NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JAMES 6462 HERONWALK DR. GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTS, PATRICIA 6367 HERONWALK DR GULF BREEZE, FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTS, TOM 6367 HERONWALK DR. GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, BARRY 2008 RESERVE BLVD GULF BREEZE, FL 32563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIERNAN, THOMAS 253 OKEECHOBEE COVE DESTIN, FL 32541	☐ Change ☒ Addition

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: Chad Martin Chad Martin
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #