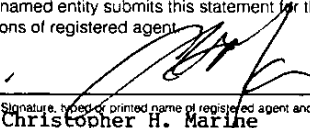
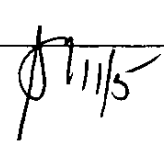
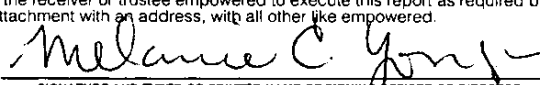


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000004340 1. Entity Name HIDDEN HAMMOCK COMMUNITY ASSOCIATION, INC.						FILED 08 NOV -4 AM 10:26 FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 979 BEACHLAND BLVD. VERO BEACH, FL 32963				Mailing Address 979 BEACHLAND BLVD. VERO BEACH, FL 32963			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 51-0598083				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARINE, CHRISTOPHER H 979 BEACHLAND BLVD. VERO BEACH, FL 32963				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  Christopher H. Marine				October 28, 2008 DATE			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	DP YONGE, MELANIE C 1541 GRACEWOOD LANE VERO BEACH, FL 32963			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900137622419 11/04/08--01037--002 **70.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CARTER, DAVID M 1575 GRACEWOOD LANE VERO BEACH, FL 32963			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SMITH, SUSAN S 6000 NORTH A1A VERO BEACH, FL 32963			☐ 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 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:  Melanie C. Yonge				October 28, 2008 (772) 231-1100 Date Daytime Phone #			