

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000001568

FILED  
Jun 10, 2009  
Secretary of State

**Entity Name:** THE COTTAGES AT HIDDEN LAKES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4000-B ST. JOHNS AVENUE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

137 N. CHURCHILL DR.  
ST. AUGUSTINE, FL 31086

**Current Mailing Address:**

4000-B ST. JOHNS AVENUE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

PO BOX 860013  
ST. AUGUSTINE, FL 32086

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NICHOLS, PAUL W  
800 PARADISE LNE  
ATLANTIC BEACH, FL 32233    US

**Name and Address of New Registered Agent:**

CURVEL, TOMMY M  
137 N. CHURCHILL DR.  
ST. AUGUSTINE, FL 32086    US

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.

SIGNATURE: TOMMY M CURVEL

06/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      WALTON, WILLIAM H JR  
Address:                      4000-B ST. JOHNS AVENUE  
City-St-Zip:                      JACKSONVILLE, FL 32205

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      P                      (X) Change ( ) Addition  
Name:                      HIGGINS, JOHN  
Address:                      269 N. CHURCHILL DR.  
City-St-Zip:                      ST. AUGUSTINE, FL 32086

Title:                      VP                      ( ) Change (X) Addition  
Name:                      HAYWARD, PAUL  
Address:                      517 CHADWICK DR  
City-St-Zip:                      ST. AUGUSTINE, FL 32086

Title:                      T/D                      ( ) Change (X) Addition  
Name:                      CURVEL, TOMMY M  
Address:                      137 N. CHURCHILL DR.  
City-St-Zip:                      ST. AUGUSTINE, FL 32086

Title:                      S                      ( ) Change (X) Addition  
Name:                      NAWROCKI, ROBERT  
Address:                      265 N. CHURCHILL DR.  
City-St-Zip:                      ST. AUGUSTINE, FL 32086

Title:                      D                      ( ) Change (X) Addition  
Name:                      CLARK, NORWOOD  
Address:                      213 N. CHURCHILL DR.  
City-St-Zip:                      ST.AUGUSTINE, FL 32086

Title:                      D                      ( ) Change (X) Addition  
Name:                      EIDSMOE, CHIS  
Address:                      188 N.CHUCHILL DR.  
City-St-Zip:                      ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY M CURVEL

T

06/10/2009

Electronic Signature of Signing Officer or Director

Date