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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28379
 1. Corporation Name
HIDDEN LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: 313 HIDDEN LAKE TRAIL, DEFUNIAK SPRINGS FL 32433, US
 Mailing Address: 313 HIDDEN LAKES TRAIL, DEFUNIAK SPRINGS FL 32433, US



21	2. Principal Place of Business 91 Hidden Lakes Trail	2a. Mailing Address 91 Hidden Lakes Trail	3. Date Incorporated or Qualified 09/15/1988
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1884219
23	City & State Defuniak Springs, FL	City & State Defuniak Springs, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 32433	Country USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BUCHANNON, JAMES L 313 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS FL 32433		10. Name and Address of New Registered Agent	
81	Name Robert W. Wilford	85	Zip Code 32433
82	Street Address (P.O. Box Number is Not Acceptable) 91 Hidden Lakes Trail		
83			
84	City Defuniak Springs, FL		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert W. Wilford*, **Robert W. Wilford** DATE: **3-13-99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANNON, JAMES L	1.2 NAME	BUCHANNON, JAMES L.
STREET ADDRESS	313 HIDDEN LAKE TRAIL	1.3 STREET ADDRESS	313 HIDDEN LAKES TRAIL
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPD DORSEY, RUFUS	2.2 NAME	WILFORD, ROBERT W.
STREET ADDRESS	150 HIDDEN LAKES TRAIL	2.3 STREET ADDRESS	91 HIDDEN LAKES TRAIL
CITY-ST-ZIP	DEFUNIAK SPGS FL 32433	2.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STD THOMPSON, CARL	3.2 NAME	LEWIS, JANETTE
STREET ADDRESS	142 HIDDEN LAKES TRIAL	3.3 STREET ADDRESS	45 HIDDEN LAKES TRAIL
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T NALL, JOANNE	4.2 NAME	
STREET ADDRESS	143 HIDDEN LAKES TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Wilford*, **Robert W. Wilford** DATE: **3-13-99** (850) 547-3688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)