

FILED
May 02, 2000 8:00 am
Secretary of State

03-20-2000 90014 023 ****61.25

DOCUMENT # N28379

1. Entity Name

HIDDEN LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

Mailing Address

91 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS FL 32433
US

91 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS FL 32433-3205
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1884219

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

WILFORD
WILFORD, ROBERT W
91 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS FL 32433

Not new...
Correcting
last name
spelling.

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.

SIGNATURE

Robert W. Wilford

[Signature]

4-17-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME BUCHANNON, JAMES L
STREET ADDRESS 313 HIDDEN LAKE TRAIL
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE
NAME
STREET ADDRESS ... LAKES...
CITY-ST-ZIP

TITLE PD
NAME WILFORD, ROBERT W
STREET ADDRESS 91 HIDDEN LAKES TRAIL
CITY-ST-ZIP DEFUNIAK SPGS FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME LEWIS, JANETTE
STREET ADDRESS 45 HIDDEN LAKES TRAIL
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE
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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:

[Signature] Robert W. Wilford

3-14-00

(850) 547-3688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)