

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90012 013 ****61.25

DOCUMENT # N28379 1. Entity Name HIDDEN LAKES ESTATES HOMEOWNERS ASSOCIATION OF DEFUNIAK SPRINGS, INC.						
Principal Place of Business HIDDEN LAKES EST. HOMEOWNERS ASSN. P.O. BOX 954 DEFUNIAK SPRINGS, FL 32435 US			Mailing Address HIDDEN LAKES EST. HOMEOWNERS ASSN. P.O. BOX 954 DEFUNIAK SPRINGS, FL 32435 US			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-1884219		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRADSHAW, AARON 294 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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  AARON J BRADSHAW 2/16/06 <small>(NOTE: Registered Agent signature required when installing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			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.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD BRADSHAW, AARON 294 HIDDEN LAKES TRAIL DEFUNIAK SPGS, FL 32433 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP Vice President Joe Nail 441 Hidden Lakes Trail Defuniak Springs, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP STD LEWIS, JANETTE 45 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP Secretary / Treasurer Crystal Sconiers 251 Hidden Lakes Trail Defuniak Springs, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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SIGNATURE:  AARON J BRADSHAW 2/16/06 (850) 892-2111 <small>SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						