


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 028 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRADSHAW, AARON 294 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433				Name NALL, JOE Street Address (P.O. Box Number is Not Acceptable) 441 HIDDEN LAKES TRAIL City DEFUNIAK SPRINGS FL Zip Code 32433	
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 <i>Joe H. Nall</i> DATE 3-17-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADSHAW, AARON 294 HIDDEN LAKES TRAIL DEFUNIAK SPGS, FL 32433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NALL, JOE 441 HIDDEN LAKES TR. DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NALL, JOE 441 HIDDEN LAKES TR DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAW, RICK 448 HIDDEN LAKES TR. DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STONLERS, CRYSTAL 251 HIDDEN LAKES TR DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEN SNOBIN 888 VALLEY RIDGE RD. DEFUNIAK SPRINGS FL 32435 <input checked="" type="checkbox"/> Change <input 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	
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	
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	
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: <i>Joe H. Nall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-17-07 Daytime Phone # 892-0687		