

FILED
Apr 22, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # N28379				Secretary of State	
1. Entity Name HIDDEN LAKES ESTATES HOMEOWNERS ASSOCIATION OF DEFUNIAK SPRINGS, INC.				04-22-2008 90016 019 ****61.25	
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		4. FEI Number 59-1884219	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NALL, JOE 441 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433				7. Name and Address of New Registered Agent Name <u>James Buchanan</u> Street Address (P.O. Box Number is Not Acceptable) <u>313 Hidden Lakes Trail</u> City <u>Defuniak Springs</u> FL Zip Code <u>32433</u>	
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 <u>[Signature]</u> ST DATE <u>4/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALL, JOE		NAME	Ealum, Clyde	
STREET ADDRESS	441 HIDDEN LAKES TRAIL		STREET ADDRESS	212 Hidden Lakes Trail	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32433		CITY-ST-ZIP	Defuniak Springs, FL 32433	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, RICK		NAME	Bradshaw, Aaron	
STREET ADDRESS	488 HIDDEN ALKES TRAIL		STREET ADDRESS	294 Hidden Lakes Trail	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	DeFuniak Springs, FL 32433	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOBLIN, KEN		NAME	Buchanan, James	
STREET ADDRESS	888 VALLEY RIDGE RD.		STREET ADDRESS	313 Hidden Lakes Trail	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	DeFuniak Springs, FL 32433	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u> James Buchanan DATE <u>4/15/08 (20)</u> 585-0644 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					