

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28379

FILED
Apr 04, 2009
Secretary of State

Entity Name: HIDDEN LAKES ESTATES HOMEOWNERS ASSOCIATION OF DEFUNIAK SPRINGS, INC.

Current Principal Place of Business:

HIDDEN LAKES EST. HOMEOWNERS ASSN.
P.O. BOX 954
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

HIDDEN LAKES EST. HOMEOWNERS ASSN.
212 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

HIDDEN LAKES EST. HOMEOWNERS ASSN.
P.O. BOX 954
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 59-1884219 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUCHANNON, JAMES
313 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EALUM, CLYDE
Address: 212 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPGS, FL 32433

Title: VP () Delete
Name: BRADSHAW, AARON
Address: 294 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ST () Delete
Name: BUCHANNON, JAMES
Address: 313 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BUCHANNON

ST

04/04/2009

Electronic Signature of Signing Officer or Director

Date