2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28379

1. Entity Name

HIDDEN LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN

Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90200 025 ****61.25

FILED

Principal Place of Business 420 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS FL 32433 Mailing Address

420 HIDDEN LAKES TRAIL **DEFUNIAK SPRINGS FL 32433**

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2. Principal Place of Business 3. Mailing Address Hidden Lakes Estates Homeowne's As												
Suite, Apt. #, etc.		754	12 /0	CHECK HERE IF MAKING CHANGES								
P.O. Box 954 City & State City & State		Soince FL	4. FEI Number 59-1884219		— — ``	Applicable						
<u> Zip</u>	k Springs, PL:	Springs, PZ, Sip Country		`	5. Certificate of Status Desired							
32435 U.S. 32435 U.		4.5.	7. Name and Address of New Registered Agent									
6. Name and Address of Current registered Agent			, , ,									
POWELL	THOMAS L	•		Street Address (P.O. Box Number is Not Acceptable)								
	N LAKES TRAIL	á.										
	SPRINGS FL 32433	* * *	#8	486 436 Hidden Lakes Trail								
			City	unial Soc	دموج آ	FL Zip Code	33					
A The above	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 obligati	ons of registered agent.			_								
9	= Our of Bring	مالاهم المتمارية	ad Bradle	y Preside	, L 13F	EB 03						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature requ	ired when reinstating)	DA							
		;										
9. Election Campaign		'	\$5.00 May Be		eck Payable							
FILE NOW: FEE IS \$61.25 Trust Fund Contribution.			ontribution. \square	Added to Fees	Florida De	partment of S	tate					
10.	OFFICERS AND DI	BECTORS /	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10					
TITLE	PD	Delete	TITLE PJ	1 30	1/04	Change	☐ Addition					
NAME	POWELL, THOMAS L		NAME C	tward Brace 36 Hidden L	akes Trail							
	420 HIDDEN LAKES TRAIL	,				32433	Ì					
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	Delete		eFuniale Spr	19/3, 75.	Change	Addition					
TITLE	VPD REODICA, SALOMAN D	L¥ Delete	NAME C	. Gres Ma	yors	_ ,	_					
NAME STREET ADDRESS	349 HIDDEN LAKES TRAIL		STREET ADDRESS 29	36 CPay 5	<i>†</i>							
CITY-ST-ZIP →	DEFUNIAK SPGS: FL-32433		CITY-ST-ZiP	eFunial St	rings, FL.	324 <i>33</i>						
TITLE	STD	Delete	TITLE 57		Ö	Change	☐ Addition					
NAME	VARNUM, MELISSA M		NAME Ja	mes Bucha 3 Hidden La	non Trail		İ					
STREET ADDRESS	131 HIDDEN LAKES TRAIL		STREET ADDRESS 31	سسر دا د سور	ACTION FOR	72433	}					
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		TITLE	eturian S	27.05,7 5.	☐ Change	☐ Addition					
TITLE NAME		☐ Delete	NAME				Ì					
STREET ADDRESS			STREET ADDRESS									
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>							
TITLE		☐ Delete	TITLE			Change	☐ Addition					
NAME			NAME									
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP									
CITY-ST-ZIP		□ Dalata	TITLE			☐ Change	Addition					
TITLE NAME		☐ Delete	NAME			_ ,	İ					
STREET ADDRESS			STREET ADDRESS									
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>								
		in this filler descript available for	the exemption stated in	n Section 119.07(3)(i), F	Iorida Statutes, I furthe	er certify that the i	ntormation					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Floring Statutes in 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.

585 -8934/ 585-8934/

SIGNATURE: