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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40495 (6)

1. Corporation Name

HIDDEN LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4244 W. TENNESSEE STREET
TALLAHASSEE FL 32304

4244 W. TENNESSEE STREET
TALLAHASSEE FL 32304-1033

3. Date Incorporated or Qualified
10/24/1990

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
59-3313867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCANN, CHRIS
4244 W. TENNESSEE STREET
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VAN ATTA, CATHY
STREET ADDRESS 4244 W. TENNESSEE STREET
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ DELETE

1.1 TITLE C
1.2 NAME DAVID HUTCHASON ☐ Change ☒ Addition
1.3 STREET ADDRESS 4244 W. TENNESSEE STREET
1.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32304

TITLE VPD
NAME MCCANN, CHRIS
STREET ADDRESS 4244 W. TENNESSEE STREET
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ DELETE

2.1 TITLE SD
2.2 NAME Chad Teems ☐ Change ☒ Addition
2.3 STREET ADDRESS 4244 W Tennessee St. #178
2.4 CITY-ST-ZIP Tallahassee FL 32304

TITLE D
NAME CAIWEN, BOB
STREET ADDRESS 1910 GINA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)