

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N41338

FILED
Oct 06, 2006
Secretary of State

Entity Name: HIDDEN LAKES HOMEOWNERS' ASSOCIATION T.R., INC.

Current Principal Place of Business:

6472 HIDDEN LAKES DR
TALLAHASSEE, FL 32311

New Principal Place of Business:

6512 HIDDEN LAKES DR
TALLAHASSEE, FL 32311

Current Mailing Address:

6472 HIDDEN LAKES DR
TALLAHASSEE, FL 32311

New Mailing Address:

6512 HIDDEN LAKES DR
TALLAHASSEE, FL 32311

FEI Number: 59-3052682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORDHAM, LEE
6472 HIDDEN LAKES DR
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

ADAMS, CHERYL
6512 HIDDEN LAKES DR
TALLAHASSEE, FL 32311 US

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: CHERYL ADAMS

10/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ADAMS, CHERYL
Address: 6512 HIDDEN LAKES DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: DST () Delete
Name: FORDHAM, C. LEE
Address: 6472 HIDDEN LAKES DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: HUGHES, JAMES P
Address: PO BOX 10932
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: ADAMS, CHERYL
Address: 6472 HIDDEN LAKES DR
City-St-Zip: TALLAHASSEE, FL 32311

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL ADAMS

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date