


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002401 (8)**

1. Corporation Name

**HIDDEN LAKES HOMEOWNERS' ASSOCIATION OF OKALOOSA COUNTY, INC.**

Principal Place of Business

Mailing Address

**HIDDEN LADES HOA  
85000 EMERALD COAST HW  
DESTIN FL 32541**

**HIDDEN LAKES HOA  
PO BOX 5272, BWB  
NICEVILLE FL 32578-5272**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>05/20/1993</b>	<b>3a. Date of Last Report</b> <b>04/12/1996</b>
<b>4. FEI Number</b> <b>59-3198523</b>		<b>Applied For</b> Not Applicable		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATEMAN, DONNA ASSOCMG  
35000 EMERALD COAST HWY  
DESTIN FL 32541**

81 Name	<b>Kaplan, Ann</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4323 Hidden Lakes DR</b>
83	
84 City	<b>Niceville</b>
85 Zip Code	<b>FL 32578</b>

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 *Ann Kaplan*

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

(NOTE: Registered Agent signature required when reinstating)

*8 Apr 97*

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASEY, LEONARD</b>	1.2 NAME	
STREET ADDRESS	<b>4342 HIDDEN LAKES DR, E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TENZYCKI, MIKE</b>	2.2 NAME	
STREET ADDRESS	<b>4331 HIDDEN LAKES DR E</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TRD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATEMAN, DONNA</b>	3.2 NAME	
STREET ADDRESS	<b>1731 18TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SCD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, ANN</b>	4.2 NAME	
STREET ADDRESS	<b>4323 HIDDEN LAKES DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DIR</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIXEY, PALMER</b>	5.2 NAME	
STREET ADDRESS	<b>1572 HIDDEN LAKES CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *Ann Kaplan*

*12 Apr 97*

CR2E037 (9/96)