

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
35000 EMERALD COAST HW
DESTIN FL 32541**

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/20/1993

4. FEI Number

59-3198523

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**KAPLAN, ANN
4323 HIDDEN LAKES DR
NICEVILLE FL 32578**

81 Name

JANET POLLEN

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

4302 HIDDEN LAKES DR.

83

84 City

NICEVILLE

FL

85 Zip Code

32578

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 of Janet Pollen)

(NOTE: Registered Agent signature required when reinstating)

1-28-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, LEONARD	
STREET ADDRESS	4342 HIDDEN LAKES DR, E	
CITY - ST - ZIP	NICEVILLE FL 32578	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TENZYCKI, MIKE	
STREET ADDRESS	4331 HIDDEN LAKES DR E	
CITY - ST - ZIP	NICEVILLE FL 32578	
TITLE	SCD	<input type="checkbox"/> DELETE
NAME	EBELING, THOMAS	
STREET ADDRESS	4325 HIDDEN LAKES DR	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	KAPLAN, ANN	
STREET ADDRESS	4323 HIDDEN LAKES DR	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	DIR	<input checked="" type="checkbox"/> DELETE
NAME	RIXEY, PALMER	
STREET ADDRESS	1572 HIDDEN LAKES CT	
CITY - ST - ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS EBELING	
1.3 STREET ADDRESS	4325 HIDDEN LAKES DR.	
1.4 CITY - ST - ZIP	NICEVILLE, FL 32578	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CECIL THORNTON	
2.3 STREET ADDRESS	4315 HIDDEN LAKES DR.	
2.4 CITY - ST - ZIP	NICEVILLE, FL 32578	
3.1 TITLE	SCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEITH KUSAN	
3.3 STREET ADDRESS	4327 HIDDEN LAKES DR.	
3.4 CITY - ST - ZIP	NICEVILLE, FL 32578	
4.1 TITLE	TRD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANET POLLEN	
4.3 STREET ADDRESS	4302 HIDDEN LAKES DR.	
4.4 CITY - ST - ZIP	NICEVILLE, FL 32578	
5.1 TITLE	DIR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KAPLAN, ANN	
5.3 STREET ADDRESS	4323 HIDDEN LAKES DR.	
5.4 CITY - ST - ZIP	NICEVILLE, FL 32578	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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:

(Signature of Janet Pollen)

JANET POLLEN

1-28-98

850-897-6710

CR2E037 (1097)