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Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90014 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002401 ✓

1. Corporation Name
HIDDEN LAKES HOMEOWNERS' ASSOCIATION OF OKALOOSA COUNTY, INC.

Principal Place of Business HIDDEN LADES HOA 35000 EMERALD COAST HW DESTIN FL 32541	Mailing Address HIDDEN LAKES HOA PO BOX 5272. BWB NICEVILLE FL 32578
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/20/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3198523
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

JANET POLLEN
4302 HIDDEN LAKES DR
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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: *Janet Pollen* DATE: 7-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	THOMAS EBELING	
STREET ADDRESS	4325 HIDDEN LAKES DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VPD	<input type="checkbox"/>
NAME	CECIL THORNTON	
STREET ADDRESS	4315 HIDDEN LAKES DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SCD	<input type="checkbox"/>
NAME	KEITH KOSAN	
STREET ADDRESS	3427 HIDDEN LAKES DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TRD	<input type="checkbox"/>
NAME	JANET POLLEN	
STREET ADDRESS	4302 HIDDEN LKS DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	DIR	<input type="checkbox"/>
NAME	KAPLAN, ANN	
STREET ADDRESS	4323 HIDDEN LKS DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	PD	<input checked="" type="checkbox"/>
1.2 NAME	PHIL TRITSCHLER	
1.3 STREET ADDRESS	4307 HIDDEN LAKES DR.	
1.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SCD	<input checked="" type="checkbox"/>
3.2 NAME	BERNARD WHITAKER	
3.3 STREET ADDRESS	3427 HIDDEN LAKES DR.	
3.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIR	<input checked="" type="checkbox"/>
5.2 NAME	JERRY BIGGINS	
5.3 STREET ADDRESS	4328 HIDDEN LAKES DR.	
5.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
6.1 TITLE		<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *Janet Pollen* SIGNATURE REQUIRED DATE: 7-3-99 DAYTIME PHONE #: 850-897-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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