

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002401

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



Principal Place of Business Mailing Address
**HIDDEN LAKE DR.
P.O. BOX 427
NICEVILLE, FL 32588-0427**

**PO BOX 427
NICEVILLE, FL 32578**



03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3198523

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**HAZLETT, JOHN A
4347 HIDDEN LAKES DR.
NICEVILLE, FL 32578**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENZYCKI, MIKE 4331 HIDDEN LAKES DR NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAZLETT, JOHN A 4347 HIDDEN LAKES DR. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCRACKEN, BETTEJANE 1571 HIDDEN LAKES DR. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S READDY, BILL 1572 HIDDEN LAKES DR. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80049-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Hazlett
John Hazlett

3/18/05
3/18/05

850-678-8866
850-678-8866