
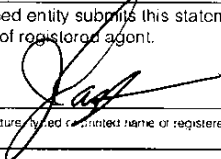


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90056 030 ****61.25

DOCUMENT # N93000002401 1. Entity Name HIDDEN LAKES HOMEOWNERS' ASSOCIATION OF OKALOOSA COUNTY, INC.					
Principal Place of Business HIDDEN LAKE DR. P.O. BOX 427 NICEVILLE FL 32588-0427		Mailing Address PO BOX 427 NICEVILLE FL 32578			
2. Principal Place of Business - No P.O. Box # <div style="text-align: center;">SAME</div>		3. Mailing Address <div style="text-align: center;">SAME</div>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <div style="text-align: center;">59-3198523</div>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="text-align: center; padding: 10px;"> HAZLETT, JOHN A 4347 HIDDEN LAKES DR. NICEVILLE FL 32578 </div>				7. Name and Address of New Registered Agent <div style="text-align: center; padding: 10px;"> SAME Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL Zip Code </div> </div>	
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  2/6/07 <small>Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TENZYCKI, MIKE 4331 HIDDEN LAKES DR NICEVILLE FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAZLETT, JOHN A 4347 HIDDEN LAKES DR. NICEVILLE FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCRACKEN, BETTEJANE 1571 HIDDEN LAKES DR. NICEVILLE FL 32578	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S READDY, BILL 1572 HIDDEN LAKES DR. NICEVILLE FL 32578	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGELA MURPHY 4306 HIDDEN LAKES DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGELA MURPHY 4306 HIDDEN LAKES DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGELA MURPHY 4306 HIDDEN LAKES DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGELA MURPHY 4306 HIDDEN LAKES DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGELA MURPHY 4306 HIDDEN LAKES DR NICEVILLE, FL 32578	<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 

JOHN HAZLETT TREASURER - 2/6/07 850-678-8820