

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90219 025 ****61.25

DOCUMENT # N93000002401



1. Entity 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
**PO BOX 427
NICEVILLE FL 32578**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3198523**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICK, BEVAYST DE VUYST
4308 HIDDEN LAKES DR,
NICEVILLE FL 32578**

Name

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

City

FL

Zip Code

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]* **Rick DeVuyst, Treasurer**

2/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	TRITSCHLEK, PHIL	
STREET ADDRESS	4317 HIDDEN LAKES DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD DE VUYST	<input type="checkbox"/> Delete
NAME	RICK, BEVAUGHT	<i>← Edit</i>
STREET ADDRESS	4308 HIDDEN LAKES DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLAHER, KEVIN	
STREET ADDRESS	4335 HIDDEN LAKES DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, STEVE	
STREET ADDRESS	4329 HIDDEN LAKES DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, BILL	
STREET ADDRESS	4323 HIDDEN LKS DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ten Zucki, Mike	
STREET ADDRESS	4331 Hidden Lakes Dr.	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilmore, Reggy	
STREET ADDRESS	1570 Hidden Lakes Ct.	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCracken, Bettejane	
STREET ADDRESS	1575 Lakeside Dr.	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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]* **Bill Moore, Treasurer**

2/13/03 (850) 837-3848

CR2E037 (10/02)