

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006663

1. Entity Name
HIDDEN ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 5580
NAVARRE, FL 32566 US**

Mailing Address
**PO BOX 5580
NAVARRE, FL 32566 US**



02022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KILGORE, MERRY
2662 HIDDEN ESTATES CIR.
NAVARRE, FL 32566**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000085101

03/11/04-80034-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WHITE, PETER
2662 HIDDEN ESTATES CIR.
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BELK, SANDRA
2603 HIDDEN ESTATES CIR.
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S/TO
KILGORE, MERRY
2662 HIDDEN ESTATES CIR.
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FISHER, DEVIN
2614 HIDDEN ESTATES CIR.
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FISHER, ERIKA
2614 HIDDEN ESTATES CIR.
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(c), 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:

Merry Kilgore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Merry Kilgore, Sec/Treasurer 3/7/04 (850) 585-5482