
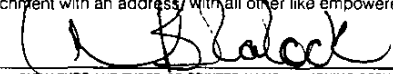


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 004 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3642094					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KILGORE, MERRY 2662 HIDDEN ESTATES CIR. NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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 WHITE, PETER 2662 HIDDEN ESTATES CIR. NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cheryl L. Brown 2586 Hidden Estates Cir. Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELK, SANDRA 2603 HIDDEN ESTATES CIR. NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Deanna M. Blalock 2594 Hidden Estates Cr Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD KILGORE, MERRY 2662 HIDDEN ESTATES CIR. NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS Laura L Adams 2587 Hidden Est. Cir Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, DEVIN 2614 HIDDEN ESTATES CIR. NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec James C. Filbert 2598 Hidden Estates Circle Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ERIKA 2614 HIDDEN ESTATES CIR. NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				7/29/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
<small>Daytime Phone #</small>				850-936-7074	

50058897



07262005 Chg-NP CR2E037 (10/03)