2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

May 21, 2008 8:00 am Secretary of State **DOCUMENT # N97000006663** 05-21-2008 90019 017 ****61.25 HIDDEN ESTATES HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 50005634 PO BOX 5580 PO BOX 5580 NAVARRE, FL 32566 US NAVARRE, FL 32566 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3642094 Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KILGORE, MERRY 2662 HIDDEN ESTATES CIR. Street Address (P.O. Box Number is Not Acceptable) NAVARRE, FL 32566 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. بر 11. PΩ TITLE Addition TITLE 💋 Delete BAUER, SHARI NAME NAME 2583 HIDDEN ESTATES CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP VP Change Addition TITLE TITLE Qelete HOGER, PAM NAME NAME STREET ADDRESS 2641 HIDDEN ESTATES CIR STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-7IP ST Change Addition TITLE TIDE Detete RAGON, DOREEN NAME NAME STREET ADDRESS 2653 HIDDEN ESTATES CIR STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP ☐ Change ■ Addition ☐ Detete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

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