## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006663

FILED Apr 27, 2009 Secretary of State

| Entity Nar                                  | ne: HIDDEN                    | I ESTATES HOME OWNERS          | ASSOCIATION, INC.                           |  |  |
|---|-------------------------------|--------------------------------|---|--|--|
| Current P                                   | rincipal Plac                 | e of Business:                 | New Principal Place                         | New Principal Place of Business:             |  |
| PO BOX 5:<br>NAVARRE                        | 580<br>E, FL 32566            | US                             | 2673 HIDDEN ESTAT<br>NAVARRE, FL 32566      |  |  |
| Current M                                   | ailing Addre                  | ess:                           | New Mailing Addres                          | New Mailing Address:                         |  |
| PO BOX 5:<br>NAVARRE                        | 580<br>:, FL 32566            | US                             |   |  |  |
| FEI Number:                                 | 59-3642094                    | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of                    | Current Registered Agent:      | Name and Address                            | Name and Address of New Registered Agent:    |  |
|   | EN ESTATES                    | S CIR.<br>US                   |   |  |  |
|   | named entity<br>e of Florida. | submits this statement for the | purpose of changing its registere           | ed office or registered agent, or both,      |  |
| SIGNATUR                                    | RE:                           |                                |   |  |  |
|   | Electro                       | nic Signature of Registered Ag | gent  | Date   |  |
| OFFICERS                                    | S AND DIREC                   | CTORS:                         | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BIGGS, HOLIC                  | ESTATES CIRCLE                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BIGGS, MICH                   | ESTATES CIRCLE                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLICE BIGGS 04/27/2009 Τ