

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90012 050 ***211.25

DOCUMENT # P94000078753

1. Corporation Name

HIDDEN DUNES REALTY, INC.

Principal Place of Business

9815 HWY 98 WEST
DESTIN FL 32541
US

Mailing Address

P.O. BOX 6190
MIRAMAR BEACH FL 32541
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

59-3298055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, RAYMOND F JR.
150 EGLIN PKWY NE
FT WALTON BEACH FL 32548

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CULPEPPER, BRUCE
STREET ADDRESS 9815 HWY 98 W
CITY-ST-ZIP DESTIN FL 32541

☒ DELETE

1.1 TITLE PD
1.2 NAME DON SMITH
1.3 STREET ADDRESS SUNLUST CENTER, STE 1200, 424 CHURCH ST
1.4 CITY-ST-ZIP NASHVILLE TN 37219

☐ Change ☒ Addition

TITLE D
NAME FORD, GEORGIA
STREET ADDRESS 13222 BUCKLEY AVE
CITY-ST-ZIP BATON ROUGE LA

☒ DELETE

2.1 TITLE VD
2.2 NAME JOHN GITTLE
2.3 STREET ADDRESS 149 PINE SHADOWS DR
2.4 CITY-ST-ZIP ECLECTIC AL 36024

☐ Change ☒ Addition

TITLE TD
NAME LEUCK, MATT J
STREET ADDRESS 84 EAST BURLINGTON
CITY-ST-ZIP RIVERSIDE IL 60546

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROSEMBLUM, PAUL S
STREET ADDRESS P.O. BOX 23568 N/A
CITY-ST-ZIP HARAHAN LA 70183

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KERN, WILLIAM
STREET ADDRESS 6 HOLLOW OAK
CITY-ST-ZIP CINCINNATI OH 45241

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME THOMPSON, JANE
STREET ADDRESS 1693 SHARP ROAD
CITY-ST-ZIP BATON ROUGE LA 70815

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)