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AND
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95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Montem
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **722937** (0)
 1. Corporation Name
HIDDEN HARBOUR ESTATES, INC.

Principal Place of Business Mailing Address
4300 SE ST LUCIE BLVD **4300 SE ST LUCIE BLVD**
STUART FL 34997 **STUART FL 34997**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc 26 Suite, Apt #, etc
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **03/20/1972** 3a. Date of Last Report **03/16/1994**
 4. FEI Number **59-1398633** 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROGERS, ANNE L
4300 SE ST LUCIE BLVD 157
STUART FL 34997

10. Name and Address of New Registered Agent
 81 Name **RICHARD W. NOONAN**
 82 Street Address (P.O. Box Number is Not Acceptable) **4300 SE ST. LUCIE BLVD., #28**
 83
 84 City **STUART** FL 85 Zip Code **34997**

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 Richard W. Noonan **Richard W. Noonan** **4/27/95**
Signature (Typed or printed name of registered agent and the corporation) (Typed) Registered Agent (signature required when necessary) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	NOONAN, RICHARD W
STREET ADDRESS	4300 SE ST. LUCIE BLVD., #@8
CITY - ST - ZIP	STUART, FL 00000
TITLE	SD
NAME	ROGERS, ANNE L
STREET ADDRESS	4300 SE ST. LUCIE BLVD., #157
CITY - ST - ZIP	STUART, FL 00000
TITLE	DVP
NAME	BRUNELLE, RICHARD
STREET ADDRESS	4300 SE ST LUCIE BVD 100
CITY - ST - ZIP	STUART, FL 00000
TITLE	D
NAME	BRZEZINSKI, JAMES
STREET ADDRESS	4300 SE ST LUCIE BVD 81
CITY - ST - ZIP	STUART, FL 00000
TITLE	DT
NAME	DUDLEY, WAYNE G
STREET ADDRESS	4300 SE ST LUCIE BVD 86
CITY - ST - ZIP	STUART FL
TITLE	D
NAME	HUFFAM, THOMAS
STREET ADDRESS	4300 SE ST LUCIE BVD 133
CITY - ST - ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SD
23 STREET ADDRESS	SWOPE, CHARLOTTE
24 CITY - ST - ZIP	4300 SE ST. LUCIE BLVD., #177 STUART, FL. 34997
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D.
43 STREET ADDRESS	SWEENEY, KAY
44 CITY - ST - ZIP	4300 SE ST. LUCIE BLVD., #160 STUART, FL. 34997
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	BEER, CHARLES
64 CITY - ST - ZIP	4300 SE ST. LUCIE BLVD., #103 STUART, FL 34997

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard W. Noonan **Richard W. Noonan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407-287-6387
DATE TELEPHONE