FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

722937

(0)

HIDDEN HARBOUR ESTATES, INC.

Principal Place of Business		Mailing Address	Mailing Address			II CODI ORDRE BIZILI BEZIL BIZILI DIALI DIALI DIDIL IZGI
4300 SE ST LUCIE BLVD STUART FL 34997		4300 SE ST LUCIE BLVD STUART FL 34997-8836				
					3. Date incorporated or Qualified 03/20/1972	3a. Date of Last Report 06/19/1996
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1398633	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country		8. This corporation has liability for	
24]	9. Name and Address of Curr	1	30		Florida Statutes 10. Name and Address of New R	
	s. Hallo and reduced of other	ont registores Agent	81	Name	IO. ISBNO AND AND IN THE IN	egratered Agent
CUADI OTTE CHIODE				OONAN. RICHARD W.		
CHARLOTTE SWOPE				Street Addre	ess (P.O. Box Number is Not Accepte	
4300 SE ST. LUCIE BLVD., #177 STUART FL 34997			83	43	300 SE ST. LUCIE	BLVD., #28
STUAR	I PL 34997		~			•
			84	City	UART	FL 85 Zip Code 34997
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statu	es, the above-	named corpo	oration submits this statement for the	purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.						
Ω' 1 4 (19 α						2 28-97
SIGNATURE	Signature, typed or printed name of registered in	agent and title If applicable. (NO	E: Registered Agen	t algnature require	d when reinstating)	DAYE
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1.1 TITLE	P		Change Addition
NAME	SWOPE, CHARLOTTE		1.2 NAME	N	OONAN, RICHARD W	•
STREET ADDRESS	EET ADDRESS 4300 SE ST. LUCIE BLVD., #177		1.3 STREET A		4300 SE ST. LUCIE BLVD., #28	
CITY-ST-ZIP	STUART, FL 00000		1.4 CITY-ST		TUART, FL 34997	
TITLE	S	DELETE	2.1 TITLE			Change Addition
NAME	SWEENEY KATHERINE		2.2 NAME			
STREET ADDRESS	45 45 1145 5145 5145			DORESS		
CITY-ST-ZIP	STUART FL		2 4 CITY-ST	-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition
NAME	BRUNELLE, RICHARD		3.2 NAME			**
STREET ADDRESS	4300 SE ST LUCIE BVD 10	00	3.3 STREET A	DDRESS		
CITY-ST-ZIP	STUART, FL 00000		3.4. CITY - ST	-21P		
TITLE	VP	DELETE	4.1 TITLE		P	Change Addition
NAME	NOONAN, RICHARD W.		4. 2 NAME	S	WOPE, CHARLOTTE	•
STREET ADDRESS	4300 SE ST. LUCIE BLVD,	#160	4.3 STREET A		300 SE ST. LUCIE	BLVD. #177
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-		TUART. FL 34997	20,21, 12,,
TITLE	DT	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	DUDLEY, WAYNE G		5.2 NAME	.		
STREET ADDRESS	4300 SE ST LUCIE BVD 86		5.3 STREET A	DORESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-	ZIP	•	· ·
TITLE	D	☐ DELETE	6.1 TITLE	D		** Change Addition
NAME	BEER, CHARLES		6.2 NAME		AUGHER, CHARLES	
STREET ADDRESS	4300 SE ST. LUCIE BLVD.,	# 103	6.3 STREET A		300 SE ST. LUCIE	BLVD., #188
CITY-ST-7IP	STUART FI		6.4 CITY CT		TITADT PT. 3/007	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF FORTH OR DIRECTOR | DIREC