1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
. DIVISION OF CORPORATIONS

DOCUMENT # 722937

1. Corporation Name

HIDDEN HARBOUR ESTATES, INC.

Princi	pai	Pla	ce of	Busines
4300	SE.	ST	LUCIE	RIVD.

2. Principal Place of Business

Suite, Apt. #, etc.

STUART FL 34997

21

Mailing Address

2a. Mailing Address

27

Suite, Apt. #, etc.

4300 SE ST LUCIE BLVD STUART FL 34997

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90206 033 ****61.25

1 (BB)21 (BB)8 (18)) Din ik Dis ih Cis hi	01011 D1011 B1011 (001

3. Date Incorporated or Qualifed 03/20/1972

4. FEI Number

59-1398633

-- ,007 - 80200 - 43

City & State	₿	City & State	u			1 5 00	4:61-	of Status	Desired	· 🗀	40.13 A	guillonai
23	ı	28				5. Ce	uicate	OI Status	Desiled	· Ш	Fee Re	quired
Zip	Country	Zip		Country		6. Ele	ction C	ampaign l	Financing		\$5.00	May Be
24	25 29 30					Trust Fund Contribution Added to Feet						Fees
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
				81	Name	Richa	rd	Brun	۵11۵			
NOONAN	, RICHARD W			82	Street /	Address (P.O.	Box Ni	umber is N	lot Accept	able)		
	ST LUCIE BLVD, #28		•	"	Oli Odi 7	4300	SE	St.	Lucie	e Blvd	l., #10	<u>0</u> 0
STUART F	•			83							•	-
STORTE	£ 54991			84	Ciby						85 Zip C	'nda
	•			84	City	Stuar	t			FL		397
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Flo	rida Statutes, the	e above	-named	corporation su	bmits t	his statem	ent for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such cha	inge was authori	ized by i	the corpo	oration's board	of dire	ctors. I he	reby acce	pt the appoi	ntment as reg	jistered
		111111111111111111111111111111111111111	L							4/	2/99	
SIGNATURE	Signature (yped or printed name of registered egent a	nd title if applicable.	(NOTE: Regist	tered Agent	t signature n	equired when reinst	ating)			DATE		
12.	OFFICERS AND	DIRECTORS	11	13.		ADD	ITION	S/CHANG	ES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE .	VP		DELETE 1.	.1 TITLE		VP					XXChange	☐ Addition
NAME	SWOPE, CHARLOTTE		, 1.	.2 NAME	.	NOONAN	, R	licha	rd W.	•		
STREET ADORESS		·	1.	.3 STREET	ADDRESS	4300 S				Blvd.	, #28	
CITY-ST-ZIP	STUART, FL 00000		1.	.4 CITY-ST	-ZIP	Stuart	, F	L 34	997_			
TITLE	S		DELETE 2	.1 TITLE							Change	Addition
NAME	SWEENEY KATHERINE		2.	2 NAME								
STREET ADDRESS	4000 AT AT 1115 TO THE		2	.3 STREET	ADDRESS			_				
CITY-ST-ZIP	STUART FL	٠.		. 4 CITY-S	t-zip	•	,	-				
TITLE	D	, , 🗆	DELETE 3.	.1 TITLE		D					XXChange	, Addition
NAMÉ	BRUNELLE, RICHARD		3.	2 NAME		ROHAN,					•	
STREET ADDRESS			3	.3 STREET	ADDRESS	4300 S				Blvd.	, #10	
CITY-ST-ZIP	STUART, FL 00000		3	I.4. CITY-ST	T-ZIP	Stuart	, F	L 34	997_			
TITLE	P	:'-	DELETE 4.	.1 TITLE		Р '					XXChange	☐ Addition
NAME	NOONAN, RICHARD W.		. 4	. 2 NAME		BRUNEL	LE.	Ric	hard			
STREET ADDRESS			. 4	3 STREET	ADDRESS	4300 S					#100)
CITY-ST-ZIP	STUART FL		4.	.4 CITY-ST	r-21P	Stuart					1	
TITLE	DT			i.1 TITLE			, ,				Change	Addition
NAME	DUDLEY, WAYNE G		5.	.2 NAME						•		
STREET ADDRESS			. 5	3.3 STREET	ADDRESS							
CITY-\$T-ZIP	STUART FL		5	.4 CITY-ST	r-zip	•				-	•	
TITLE ,	D	; <u></u>	DELETE 6	I TITLE	_						Change	☐ Addition
NAME	BAUGHER, CHARLES		6.	.2 NAME	`			•				
STREET ADDRESS			6	3 STREET	ADDRESS			-	r			•
CITY-ST-ZIP	STUART FI		6	4 CITY-ST	-ZIP							

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 617, 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

TURE REQUIREDWAYNE G. DUDLEY 4/2
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

287-6387

Daytime Phone #

DE037 (41/98)

Applied For

Not Applicable