

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90035 050 ****61.25

DOCUMENT # 722937

1. Entity Name

HIDDEN HARBOUR ESTATES, INC.

Principal Place of Business

Mailing Address

**4300 SE ST LUCIE BLVD
 STUART FL 34997**

**4300 SE ST LUCIE BLVD
 STUART FL 34997-6836**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1398633

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNELLE, RICHARD
 4300 SE ST LUCIE BLVD., #100
 STUART FL 34997**

Name

RICHARD NOONAN

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

4300 SE St. Lucie Blvd., #28

City

Stuart

FL

Zip Code
34997

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Richard Noonan

Richard Noonan

3/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **SWOPE, CHARLOTTE**
 STREET ADDRESS **4300 SE ST. LUCIE BLVD., #177**
 CITY-ST-ZIP **STUART, FL 00000**

TITLE **VP** Change Addition
 NAME **RICHARD BRUNELLE**
 STREET ADDRESS **4300 SE ST. LUCIE BLVD., #100**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **S** Delete
 NAME **SWEENEY KATHERINE**
 STREET ADDRESS **4300 SE ST LUCIE BLVD, #160**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **BRUNELLE, RICHARD**
 STREET ADDRESS **4300 SE ST LUCIE BVD 100**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **NOONAN, RICHARD W.**
 STREET ADDRESS **4300 SE ST LUCIE BLVD, #28**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D** Change Addition
 NAME **MAGGIE PERSINGER**
 STREET ADDRESS **4300 SE ST. LUCIE BLVD., #80**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **DT** Delete
 NAME **DUDLEY, WAYNE G**
 STREET ADDRESS **4300 SE ST LUCIE BVD 86**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAUGHER, CHARLES**
 STREET ADDRESS **4300 SE ST LUCIE BLVD, #188**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Kay Sweeney 3/28/00 562-287-6387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FORM 2000 1-00