


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90004 006 \*\*\*\*61.25

**DOCUMENT # 722937**  
1. Entity 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 - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

2nd MOORE      CR2E037 (4/08)  
4. FEI Number      Applied For  
**59-1398633**      Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRECHBILL, MARK CPA**  
**215 S. FEDERAL HWY.**  
**SUITE 100**  
**STUART FL 34994**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TO <del>MCPHERSON, BOB R</del> <b>John Witzgall</b> 4300 SE ST LUCIE BLVD #200 STUART FL 34997 <b>207 Treasurer</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>HALL, BETTY</del> <b>PATRICIA Kohlhepp</b> 4300 SE ST LUCIE BLVD, #100 STUART FL <b>71 Secretary</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CUMINGS, TOM - Vice President</b> 4300 SE ST LUCIE BLVD #200-56 STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <b>NOONAN, RICHARD President</b> 4300 SE ST LUCIE BLVD #28 STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jule Swope</b> <b>Director</b> Same Address #177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bill Porter</b> <b>Director</b> Same Address #205	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chuck McJury</b> <b>Director</b> Same Address #17	<input type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additi
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additi

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maureen M. Malley      7/3/08      772-287-6387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #