## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 722937** 

Entity Name: HIDDEN HARBOUR ESTATES, INC.

FILED May 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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4300 SE ST LUCIE BLVD STUART, FL 34997

**Current Mailing Address: New Mailing Address:** 

4300 SE ST LUCIE BLVD STUART, FL 34997

FEI Number: 59-1398633 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRECHBILL, MARK CPA SWOPE, JULE PRES 4300 SE ST. LUCIE BLVD 215 S. FEDERAL HWY. SUITE 100 STUART, FL 34997 STUART, FL 34994 US

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: JULE SWOPE, PRESIDENT 05/08/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete WITZGALL, JOHN WITZGALL, JOHN Name: Name:

Address: 4300 SE ST. LUCIE BLVD #207 Address: 4300 SE ST. LUCIE BLVD #207

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: Title: (X) Change ( ) Addition ( ) Delete KOHLHEPP, PATRICIA KOHLHEPP, PATRICIA Name: Name:

Address: 4300 SE SST LUCIE BLVD # 171 Address: 4300 SE ST LUCIE BLVD # 171

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: () Delete Title: (X) Change ( ) Addition CUMMINGS, TOM Name: CUMINGS, THOMAS Name:

4300 SE ST. LUCIE BLVD #56 4300 SE ST. LUCIE BLVD #56 Address: Address:

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: () Delete Title: (X) Change ( ) Addition NOONAN, RICHARD Name: Name: NOONAN, RICHARD 4300 SE ST LUCIE BLVD #28 4300 SE ST LUCIE BLVD #28 Address: Address:

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: **PRES** () Delete Title: (X) Change ( ) Addition

SWOPE, JULE SWOPE, JULE Name: Name: 4300 SE ST. LUCIE BLVD #177 4300 SE ST. LUCIE BLVD #177 Address: Address:

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: () Delete Title: (X) Change ( ) Addition PORTER, WILLIAM PORTER, BILL Name: Name:

Address: 4300 SE ST LUCIE BLVD #205 Address: 4300 SE ST LUCIE BLVD #205

STUART, FL 34997 City-St-Zip: STUART, FL 34997 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA KOHLHEPP SECR 05/08/2009

Electronic Signature of Signing Officer or Director

Date