

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722937

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** HIDDEN HARBOUR ESTATES, INC.

**Current Principal Place of Business:**

4300 SE ST LUCIE BLVD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

4300 SE ST LUCIE BLVD  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 59-1398633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWOPE, JULE PRES  
4300 SE ST. LUCIE BLVD  
STUART, FL 34997 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TR  
Name: WITZGALL, JOHN  
Address: 4300 SE ST. LUCIE BLVD #207  
City-St-Zip: STUART, FL 34997

Title: SEC  
Name: KELLEY, JEANETTE  
Address: 4300 SE ST LUCIE BLVD # 163  
City-St-Zip: STUART, FL 34997

Title: D  
Name: CUMINGS, THOMAS  
Address: 4300 SE ST. LUCIE BLVD #56  
City-St-Zip: STUART, FL 34997

Title: D  
Name: NOONAN, RICHARD  
Address: 4300 SE ST LUCIE BLVD #28  
City-St-Zip: STUART, FL 34997

Title: PRES  
Name: SWOPE, JULE  
Address: 4300 SE ST. LUCIE BLVD #177  
City-St-Zip: STUART, FL 34997

Title: VP  
Name: PORTER, WILLIAM  
Address: 4300 SE ST LUCIE BLVD #205  
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: JULE SWOPE

PRES

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date