FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 768451

HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90031 042 ****61.25

10 EAST MON KISSIMMEE FL US	UMENT AVENUE . 34741	10 E MONUMENT AVENUE KISSIMMEE FL 34741 US			
2 Principal P	oco of Rusiness	2a. Mailing Address		Date Incorporated or Qualifed	
2. Principal Place of Business 21 4307 Neptune ROAD 28 P.O. Box 700665				05/16/1983	
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2742529	Not Applicable
25 3 : 6 10 0 4 1 25 3 2 2 2 2 2 2 2 2 2			FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
24 34769 25 USA 29 34770 30			USA	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
			81 Name	•	
MILES, STEVE 82 Street Add				Address (P.O. Box Number is Not Acceptable)
4305 NEPTUNE ROAD			83	Church Street	
ST. CLOUD FL 34769					
1			84 City	`CC : 100 00 00	FL 85 Zip Code 3 4 7-41
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508. Florida Statutes, the	above-named	issimmee corporation submits this statement for the pur	nose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.			3.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	VPD	-	1 TITLE		El Change Addition
NAME	CAHILL, ROBERT		2 NAME		
STREET ADDRESS	2326 INDIAN MOUND TRAIL		3 STREET ADDRESS 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	KISSIMMEE FL PD		1 TITLE		Change Addition
NAME	WALLS, RONALD	/ `	2 NAME		
STREET ADDRESS	3280 STARBOARD CIRCLE	1	3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	<u> </u>	4 CITY-ST-ZIP		ľ
TITLE	SD			SD	Change Addition
NAME	GRIGGS, ADAM	33	2 NAME	Gursky, Ron 1300 Hidden Harbor Land	0
STREET ADDRESS	2328 INDIAN MOUND TRAIL	3.3	3 STREET ADDRESS	1300 Hidden Harbor Luri	Č
CITY-ST-ZIP	KISSIMMEE FL		4. CITY-ST-ZIP	Kissimmee FL	
TITLE	D	_	1 TITLE	PD Nada	Change
NAME	MILES, LINDA		2 NAME	miles, Linda 2391 Windward Cove	ł
STREET ADDRESS	2391 WINDWARD COVE		3 STREET ADDRESS [25-11 Wivia Milit Colo	
CITY-ST-ZIP	KISSIMMEE FL		4 CITY-ST-ZIP 1 TITLE	Kissimmee FC	Change Addition
TITLE	DT NEDCHANI ALTA	-	2 NAME	Jason Sant	
NAME STREET ADDRESS	KEBELMAN, ALTA 2332 INDIAN MOUND TRAIL		3 STREET ADDRESS	2313 Indian Mound Trail	
CITY-ST-ZIP	KISSIMMEE FL		4 CITY-ST-ZIP	Kissimmee FL	
TITLE	D	☐ DELETE 6:	1 TITLE	D	Change
NAME	SANT, ED	6.3	2 NAME	Ronald Gast 1 Care	/
STREET ADDRESS		6.5	3 STREET ADDRESS	2306 Leeward Cove	

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

Kissimmee Fl

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #