

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90266 022 ****61.25

DOCUMENT # 768451
 1. Entity Name
HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 5695 BEGGS ROAD
 STE B-100
 ORLANDO, FL 32810 US

Mailing Address
 5695 BEGGS ROAD
 STE B-100
 ORLANDO, FL 32810 US

44020670



2. Principal Place of Business
12 E Monument Ave

3. Mailing Address
P.O. Box 421149

Suite, Apt. #, etc.

02232004 Chg-NP CR2E037 (10/03)

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34741

Country
Oscola

Zip
34742

Country

4. FEI Number
 59-2742529

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D & F MANAGEMENT, LLC
 12 E MONUMENT AVE.
 KISSIMMEE, FL 34741

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 *Rollie Boyd, agent* DATE *3/23/04*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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 IREDALE, DOUG 1087 HIDDEN HARBOR LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAVOIE, STEVE 2303 LEEWARD COVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPCROFT, DAVE 1093 HIDDEN HARBOR LN KISSIMMEE, FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, JESSIE 2323 INDIAN MOUND TRAIL KISSIMMEE, FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURSKY, RON 1300 HIDDEN HARBOR LANE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBBS, LAURA 2332 INDIAN MOUND TRAIL KISSIMMEE, FL 34746 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*D Steve Mikes
 2391 Windward Cove
 Kissimmee, FL 34746*

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: *Jessie Lanto* DATE *3/23/04* DAYTIME PHONE # *407-833-6643*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR