

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90295 016 ****61.25

DOCUMENT # 768451

1. Entity Name
HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**12 E MONUMENT
KISSIMMEE, FL 34741 US**

Mailing Address
**PO BOX 421149
KISSIMMEE, FL 34742 US**

50043135



2. Principal Place of Business
**3383 W. Vine St
Suite, Apt. #, etc.
Suite 307
City & State
Kissimmee, FL
Zip
34741 Country**

3. Mailing Address
**3383 W. Vine St.
Suite, Apt. #, etc.
307
City & State
Kissimmee, FL
Zip
34741 Country
Florida**

02102005 Chg-NP CR2E037 (10/03)

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 **D & F Management**
Street Address (P.O. Box Number is Not Acceptable)
3383 W. Vine St, Suite 307
City **Kissimmee** FL Zip Code **34741**

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

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 checked="" 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 MIKS, STEVE 2391 WINDACRE COVE KISSIMMEE, FL 34746 <input 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	VP Brant, Malcolm 2331 Indian Mound Trail Kissimmee, FL 34746 <input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Miles, Steve
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Callie Boyd**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-05
Date