


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90123 048 ****61.25

DOCUMENT # 768451			
1. Entity Name HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 3383 W. VINE STREET SUITE 307 KISSIMMEE, FL 34741 US		Mailing Address P.O. BOX 421430 KISSIMMEE, FL 34742-1430	
2. Principal Place of Business <i>3361 W. Vine Street</i>		3. Mailing Address <i>3361 W. Vine Street</i>	
Suite, Apt. #, etc. <i>208</i>		Suite, Apt. #, etc. <i>208</i>	
City & State <i>Kissimmee, FL</i>		City & State <i>Kissimmee, FL</i>	
Zip <i>34741</i>	Country <i>Osceola</i>	Zip <i>34741</i>	Country <i>Osceola</i>
4. FEI Number 59-2742529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET, STE. 208 KISSIMMEE, FL 34741		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 <i>Dellie Boyd, LCAM</i>		DATE <i>3/13/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IREDALE, DOUG 1087 HIDDEN HARBOR LANE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>P Allen Smith</i> <i>2306 Indiana Mound Trail</i> <i>Kissimmee, FL 34746</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAIT, MALCOLM 2331 INDIAN MOUND TRAIL KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VP Renny Crowell</i> <i>1350 Hidden Harbor Lane</i> <i>Kissimmee, FL 34746</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPCROFT, DAVE 1093 HIDDEN HARBOR LN KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>See Roger Barton</i> <i>Hidden Harbor Lane</i> <i>Kissimmee, FL 34746</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, JESSIE 2323 INDIAN MOUND TRAIL KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>T Dung Kim</i> <i>2302 Indiana Mound Trail</i> <i>Kissimmee, FL 34746</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, STEVE 2391 WINDACRE COVE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D Eamon Condon</i> <i>2343</i> <i>Kissimmee, FL 34746</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBBS, LAURA 2332 INDIAN MOUND TRAIL KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D Sam Patterson</i> <i>2335 Indiana Mound Trail</i> <i>Kissimmee, FL 34746</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Allen Smith</i>		Date: <i>3/13/06</i> Daytime Phone #: <i>407-846-2606</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	