

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722937

Entity Name: HIDDEN HARBOUR ESTATES, INC.

Current Principal Place of Business:

4300 SE ST LUCIE BLVD
STUART, FL 34997

Current Mailing Address:

4300 SE ST LUCIE BLVD
STUART, FL 34997 US

FEI Number: 59-1398633

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
ONE EAST BROWARD BLVD., STE 1800
FORT LAUDERDALE, FL 33301 US

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

Officer/Director Detail :

Title PRESIDENT
Name MAYS, CLAUDIA
Address 4300 SE ST. LUCIE BLVD #141
City-State-Zip: STUART FL 34997

Title TREASURER
Name ALLEN, MARK
Address 4300 SE ST LUCIE BLVD #103
City-State-Zip: STUART FL 34997

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

Title SECRETARY
Name SIGURDSON, JOHN
Address 4300 SE ST LUCIE BLVD #156
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name LABRANCHE, PATRICIA
Address 4300 SE ST LUCIE BLVD #20
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name CORDTS, TIMOTHY
Address 4300 SE ST. LUCIE BLVD #149
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name VINES, STEFANNIE
Address 4300 SE ST. LUCIE BLVD #102
City-State-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: MARK ALLEN

TREASURER

04/08/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date