

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722937

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC9595057729**

**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

**FEI Number:** 59-1398633

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCJURY, MARIANNE  
4300 SE ST. LUCIE BLVD  
STUART, FL 34997 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:** MARIANNE MCJURY, PRESIDENT

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            MCJURY, MARIANNE  
Address        4300 SE ST. LUCIE BLVD #56  
City-State-Zip: STUART FL 34997

Title            SEC  
Name            MCPHERSON, ROBERT  
Address        4300 SE ST LUCIE BLVD # 167  
City-State-Zip: STUART FL 34997

Title            TR  
Name            HANEY, MAUREEN  
Address        4300 SE ST. LUCIE BLVD #215  
City-State-Zip: STUART FL 34997

Title            D  
Name            SOUCEY, ALICE  
Address        4300 SE ST LUCIE BLVD #119  
City-State-Zip: STUART FL 34997

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

Title            DIRECTOR  
Name            LAY, DAVID  
Address        4300 SE ST LUCIE BLVD #48  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            DUNCAN, KEN  
Address        4300 SE ST LUCIE BLVD #131  
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:** MARIANNE MCJURY

**PRESIDENT**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date