

**2024 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:** No

**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            VICE PRESIDENT  
Name            BLOUGH, DAVID  
Address        4300 SE ST LUCIE BLVD #143  
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            TREASURER  
Name            PAUELS, SUSAN  
Address        4300 SE ST LUCIE BLVD #126  
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            KOHL, BARBARA  
Address        4300 SE ST. LUCIE BLVD #173  
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:** CLAUDIA MAYS

**PRESIDENT**

**04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date