

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00868

**Entity Name:** CAMP HIDDEN HAMMOCK, INC.

**Current Principal Place of Business:**

3696 ELEVEN MILE RD  
FORT PIERCE, FL 34945

**Current Mailing Address:**

5609 SEAGRAPE DR  
FORT PIERCE , FL 34982 US

**FEI Number:** 59-2349757

**Certificate of Status Desired:** No

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

SMITH , DONNA  
4511 S INDIAN RIVER DR  
FORT PIERCE, FL 34982 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:** DONNA SMITH

03/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MARSHALL, HELEN  
Address 6907 S INDIAN RIVER DR  
City-State-Zip: FORT PIERCE FL 34982

Title TREASURER  
Name BERGANDI, DEBORAH  
Address 5609 SEAGRAPE DR  
City-State-Zip: FORT PIERCE FL 34982

Title PRESIDENT  
Name SMITH, DONNA  
Address 4511 S INDIAN RIVER DR  
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR  
Name BORROW , DAWN  
Address 604 JUAN ORTIZ CIRCLE  
City-State-Zip: FORT PIERCE FL 34947

*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:** DEBORAH BERGANDI

TREASURER

03/30/2024

Electronic Signature of Signing Officer/Director Detail

Date