
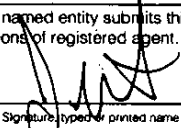
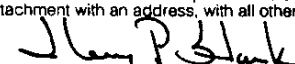


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90029 019 \*\*\*\*61.25

<b>DOCUMENT # 702410</b> 1. Entity Name HIDDEN HARBOR ASSOCIATION, INC.					
Principal Place of Business 5165 JUNGLE PLUM ROAD SARASOTA, FL 34242 US			Mailing Address 5165 JUNGLE PLUM RD SARASOTA, FL 34242 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1380946</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KASOW, ALAN</b> <b>1260 HIDDEN HARBOR WY</b> <b>SARASOTA, FL 34242</b>				7. Name and Address of New Registered Agent  Name <b>JAMES GABBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1250 HIDDEN HARBOR WAY</b>  City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34242</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>JAMES GABBERT</b>  <b>PRESIDENT</b> </div> <div style="width: 20%; text-align: right;"> <b>4/1/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>STARK, TIM</b> <b>5165 JUNGLE PLUM ROAD</b> <b>SARASOTA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>KASOW, ALAN</b> <b>1260 HIDDEN HARBOR WY</b> <b>SARASOTA, FL 34242</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>CARLISLE, VAN</b> <b>5131 JUNGLE PLUM RD</b> <b>SARASOTA, FL 34242</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>JAMES GABBERT</b> <b>1250 HIDDEN HARBOR WAY</b> <b>SARASOTA, FL 34242</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>TORBY HOLLAND</b> <b>5341 HIDDEN HARBOR RD</b> <b>SARASOTA, FL 34242</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>TREASURER</b>			<b>4/1/08</b> <b>941-349-3081</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		