FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:07

DOCUMENT # 721335 (8)

1. Corporation Name
HIDDEN HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1775 N. ANDREWS EXTENSION FORT LAUDERDALE FL 33311-1846	1775 N. ANDREWS EXTENSION FORT LAUDERDALE FL 33311-1846

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1971
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1489169 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

METTRICK, AVRIL
1775 N. ANDREWS AVE., EXIT 301W
POST OFFICE BOX 9057
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Shirley Juve
82 Street Address (P.O. Box Number is Not Acceptable): 333 N.W. 17 CT Apt 207
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SHIRLEY JUVE, PAES. Shirley Juve 2-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	BOYAN, MARIAM	1.2 NAME	Sandra Rule	
STREET ADDRESS	1752 N.W. 3RD TERR., SUITE 314	1.3 STREET ADDRESS	1752 N.W. 3 Terrace #119	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33311	
TITLE	PD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	METTRICK, AVRIL	2.2 NAME	Louise Elsner	
STREET ADDRESS	1775 N. ANDREWS AVE., EXIT 301W	2.3 STREET ADDRESS	1775 N. Andrews Ave Ext #306	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33311	
TITLE	SD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	JUVE, SHIRLEY	3.2 NAME	Juve, Shirley	
STREET ADDRESS	333 NW 17 CT ~~#100~~ #207	3.3 STREET ADDRESS	333 N.W. 17 CT #207	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33311	
TITLE	ST	4.1 TITLE	ST	☒ Change ☐ Addition
NAME	SCHALPFER, RAY J. Schlapfer	4.2 NAME	Schlapfer, Ray J.	
STREET ADDRESS	1785 N. ANDREWS AVE., EXIT 303E	4.3 STREET ADDRESS	1785 N. Andrews Ave Ext #303	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33311	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley Juve (SHIRLEY JUVE) 2-15-95 305-524-7286
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048087