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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **724467** **(6)**

1. Corporation Name
HIDDEN HARBOUR ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5710 HARBOUR CLUB DR FT. MYERS FL 33919	5710 HARBOUR CLUB DR FT. MYERS FL 33919-3319

3. Date Incorporated or Qualified: **10/02/1972**
3a. Date of Last Report: **04/12/1996**

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

4. FEI Number: **59-1658002** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

USILTON, ELEANOR
5666 CUTTER LANE
5710 HARBOUR CLUB RD
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, LORINE		1.2 NAME		
STREET ADDRESS	4811 ANCHORAGE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROYAL, DONA		2.2 NAME	ROYAL, DONA	
STREET ADDRESS	5762 BASS CIRCLE		2.3 STREET ADDRESS	5762 BASS CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 00000		2.4 CITY-ST-ZIP	FT.MYERS, FL 33919	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	USILTON, ELEANOR		3.2 NAME		
STREET ADDRESS	5666 CUTTER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, PATRICIA		4.2 NAME		
STREET ADDRESS	4765 HIDDEN HARBOUR BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CHARLES HUDDLESON		5.2 NAME	DE FRANCISCO, ALEX	
STREET ADDRESS	5685 HARBOUR CLUB RD		5.3 STREET ADDRESS	5778 BASS CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 00000		5.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	PD	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	KLAUER, WILLIAM		6.2 NAME	KLAUER, WILLIAM	
STREET ADDRESS	5742 BASS CIRCLE		6.3 STREET ADDRESS	5742 BASS CIRCLE	
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP	FT.MYERS, FL 33919	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Eleanor Usilton REQUIRED Eleanor Usilton Date 3/24/97 Daytime Phone # 0055641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR