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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

724467

(6)

HIDDEN HARBOUR ONE CONDOMINIUM ASSOCIATION, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address) (1881)) 1881) 1181) QIBN 81818 3 71) 1884	81871 01011 01011 01071 I	VIEN ANDN JABI
5710 HARBOUR CLUB DR		5710 HARBOUR CLUB DR			3. Date Incorporated or Qualified			
FT. MYERS FL	33919	FT. MYERS FL 33910			1	10/02/1972		
	i i	•				4. FEI Number	A	pplied For
						<u>59-1658002</u>	N	lot Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired		Additional	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				6. Election Campaign Financing		Required May Be
22			27			Trust Fund Contribution		
City & State		City & State	City & State			7. Is this nonprofit corporation a home		on?
23		28				X Y		
Zip	<u>├</u> ─┐ '	Country Zip Coi		ntry	 This corporation owes or has paid the Personal Property Tax due June 30. 			ntangible No
9. Name and Address of Curren						10, Name and Address of New Regis	·	
				B1 Nar	me			
USILTON, ELEANOR			}	62 Stre	Mari et Address	Marilyn Corcoran Address (P.O. Box Number is Not Acceptable)		
	JTÇER LANE		1_14		4792	Hidden Harbour Blvd		
	ARBOUR CLUB RD		ļ	83				
FT MYE	RS FL 33919		ŀ	84 City			- 85 Zip	Code 33919
44 Ourses	to the provisions of Continue 617 Of	000 and 017 1500 Finds Otalid	100 460 - 1	F	ort My	ers	FL 3 2 3	3919
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized	by the c	corporation	ation submits this statement for the purp is board of directors. I hereby accept the	ne appointment as	s registered
1	m temiliar with, and accept the obli	genions of, Section 617.0503, Fi		utes.		when reinstating)	1-98	
SIGNATURE	Signature, typed or printed name of registered a			i Agent signa	ature required v	when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	ID	☐ DELETE	1.1 TIT		- }		Change	☐ Addition
NAME	AND AND LODGE THE		1.2 NA					
STREET ADDRESS CITY-ST-ZIP	FT MYERS, FL 00000			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE				2.1 TITLE			Change	Addition
NAME	ROYAL, DONA		22 NA	22 NAME			•	
STREET ADDRESS	5762 BASS CIRCLE		2.3 STREET ADDRESS		ss			
CITY-ST-ZIP			2. 4 CI	ITY-ST-ZIP	<u> </u>			
TITLE						cretary	L Change	Addition
NAME	USILTON, ELEANOR 5666 CUTTER LANE		32 NA		D Ma	rilyn Corcoran		
STREET ADDRESS CITY-ST-ZIP	FT MYERS, FL 00000			REET ADDRES ITY-ST-ZIP		92 Hidden Harbour Blv	ď	
TITLE	D	DELETE	4.1 TIT			rt Myers, FL 33919 ce President	Change	Addition
NAME	NEWMAN, PATRICIA		4. 2 NA			m Mahar		
STREET ADDRESS	4765 HIDDEN HARBOUR BL	.VD.	4.3 ST	REET ADDRES				
CITY-ST-ZIP	FT. MYERS FL		4.4 CIT	TY - ŞT - ZIP	Fo	74 Bass Circle rt Myers, Fl 33919		
TITLE	D	☐ DELETE	5.1 TIT			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	DE FRANSISCO, ALEX		5.2 NA					
STREET ADDRESS	5778 BASS CIRCLE FT. MYERS FL			REET ADDRES	SS			
CITY-ST-ZIP TITLE	VD Fr. MTENS FL	DELETE	5.4 CIT 6.1 TIT	TY-ST-ZIP Te	 	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME	KLAUER, WILLIAM		6.2 NA				مانسان ا	
STREET ADDRESS	5742 BASS CIRCLE			reet addres	ss			
CITY-ST-ZIP	FT. MYERS FL			TY-ST-ZIP				
	ertify that the information supplied	with this filing does not qualify for			tated in Sec	ction 119.07(3)(i), Florida Statutes, I furt	her certify that the	e 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: V Song & Rayal

4-10-98

941-481-6283