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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724467

1. Corporation Name

HIDDEN HARBOUR ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5710 HARBOUR CLUB DR
FT. MYERS FL 33919

Mailing Address

5710 HARBOUR CLUB DR
FT. MYERS FL 33919

481884 - 90142 - 47



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/02/1972

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

9. Name and Address of Current Registered Agent

CORCORAN, MARILYN
4792 HIDDEN HARBOUR BLVD
5710 HARBOUR CLUB RD
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name **JOHNSON, DINAH**

82 Street Address (P.O. Box Number is Not Acceptable)
5710 HARBOUR CLUB ROAD

83

84 City **PORT MYERS,**

FL

85 Zip Code
33919

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

DINAH JOHNSON, SECRETARY *Dinah Johnson*

4-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD WEISS, LORINE**
STREET ADDRESS **4811 ANCHORAGE AVE**
CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE ☒ DELETE
NAME **PD ROYAL, DONA**
STREET ADDRESS **5762 BASS CIRCLE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☒ DELETE
NAME **S CORCORAN, MARILYN**
STREET ADDRESS **4792 HIDDEN HARBOUR BLVD**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ DELETE
NAME **VP MAHAR, JIM**
STREET ADDRESS **5774 BASS CIRCLE**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ DELETE
NAME **D DE FRANSISCO, ALEX**
STREET ADDRESS **5778 BASS CIRCLE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☒ DELETE
NAME **VD KLAUER, WILLIAM**
STREET ADDRESS **5742 BASS CIRCLE**
CITY-ST-ZIP **FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD MAHAR, JIM**
1.3 STREET ADDRESS **5774 BASS CIRCLE**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD GLUCK, LARRY**
2.3 STREET ADDRESS **5760 BASS CIRCLE**
2.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VD JACOBS, DON**
3.3 STREET ADDRESS **5690 HARBOUR CLUB ROAD**
3.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SD JOHNSON, DINAH**
4.3 STREET ADDRESS **4755 HIDDEN HARBOUR BLVD.**
4.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D ANNUNZIATA, RALPH**
5.3 STREET ADDRESS **5716 BASS CIRCLE**
5.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **TD WEISS, LORINE**
6.3 STREET ADDRESS **4811 ANCHORAGE AVE**
6.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE MAHAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM MAHAR 4-19-99 (941) 481-2333

Date

Daytime Phone #

CR2E037 (11/98)