

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90498 049 ****61.25

DOCUMENT # 724467

1. Entity 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

UUU23752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1658002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

CRAIG O'DONNELL
 Street Address (P.O. Box Number is Not Acceptable)

5748 BASS CIRCLE

5710 HARBOUR CLUB ROAD

City

FT. MYERS

FL

Zip Code

33919

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.

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

CRAIG O'DONNELL TREASURER

DATE 3/6/01

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	MAHAR, JIM	
STREET ADDRESS	5774 BASS CIRCLE	
CITY-ST-ZIP	FT MEYERS FL	
TITLE	VD	☒ Delete
NAME	GLUCK, LARRY	
STREET ADDRESS	5760 BASS CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	☒ Delete
NAME	JACOBS, DON	
STREET ADDRESS	5690 HARBOUR CLUB RD	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	SD	☒ Delete
NAME	JOHNSON, DINAH	
STREET ADDRESS	4755 HIDDEN HARBOUR BLVD	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	☒ Delete
NAME	ANNUNZIATA, RALPH	
STREET ADDRESS	5716 BASS CIRCLE	
CITY-ST-ZIP	FT MEYERS FL	
TITLE	TD	☒ Delete
NAME	WEISS, LORINE	
STREET ADDRESS	4811 ANCHORAGE AVE	
CITY-ST-ZIP	FT. MYERS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	GLUCK, LARRY	
STREET ADDRESS	5760 BASS CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	VD	☒ Change ☐ Addition
NAME	MAHAR, SHIRLEY	
STREET ADDRESS	5774 BASS CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	VD	☒ Change ☐ Addition
NAME	HORTON, LOUIS	
STREET ADDRESS	5667 CUTTER LANE	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	SD	☒ Change ☐ Addition
NAME	FRICK, BETTY	
STREET ADDRESS	5706 HARBOUR CLUB ROAD	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	D	☒ Change ☐ Addition
NAME	NEWMAN, PATRICIA	
STREET ADDRESS	5765 HIDDEN HARBOUR BLVD.	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	TD	☒ Change ☐ Addition
NAME	O'DONNELL, CRAIG	
STREET ADDRESS	5748 BASS CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL 33919	

12. 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 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.

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

DATE 3/6/01 DAYTIME PHONE # (941) 770-1126

CR2E037 (10/00)