# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2005**
**Secretary of State**

DOCUMENT# 724467

**Entity Name:** HIDDEN HARBOUR ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5710 HARBOUR CLUB DR
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

5710 HARBOUR CLUB DR
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number: 59-1658002** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'DONNELL, CRAIG
5748 BASS CIRCLE
5710 HARBOUR CLUB RD
FT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | MAHAR, SHIRLEY | |
| Address: | 5774 BASS CIRCLE | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | D | ( ) Delete |
| Name: | FRISKE, SANDY | |
| Address: | 5765 HIDDEN HARBOUR BLVD | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | S | ( ) Delete |
| Name: | FRICK, BETTY | |
| Address: | 5705 HARBOUR CLUB ROAD | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | D | ( ) Delete |
| Name: | WELFLE, TERRY | |
| Address: | 4755 HIDDEN HARBOUR BLVD | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | D | ( ) Delete |
| Name: | HORTON, LOUIS | |
| Address: | 5683 HARBOUR CLUB RD | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | T | ( ) Delete |
| Name: | O'DONNELL, CRAIG | |
| Address: | 5748 BASS CIRCLE | |
| City-St-Zip: | FORT MYERS, FL 33919 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY MAHAR P 04/28/2005

Electronic Signature of Signing Officer or Director — Date