2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 724467

Entity Name: HIDDEN HARBOUR ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5710 HARBOUR CLUB DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

5710 HARBOUR CLUB DRIVE
FORT 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
843 HATCHEE VISTA DRIVE
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:	JACOBS, DONALD	
Address:	5690 HARBOUR CLUB ROAD	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	VP	( ) Delete
Name:	SMITH, BUD	
Address:	5682 HARBOUR CLUB ROAD	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	S	( ) Delete
Name:	BROWN, GLORIA	
Address:	4771 ANCHORAGE AVENUE	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	T	( ) Delete
Name:	O'DONNELL, CRAIG	
Address:	843 HATCHEE VISTA DRIVE	
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:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CRAIG O'DONNELL TREA 04/20/2009

Electronic Signature of Signing Officer or Director — Date