

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

0051411

DOCUMENT # 724467

1. Entity Name

HIDDEN HARBOUR ONE CONDOMINIUM ASSOCIATION, INC.



06-18-2003 90023 036 ****61.25

Principal Place of Business

**5710 HARBOUR CLUB DR
FT. MYERS FL 33919**

Mailing Address

**5710 HARBOUR CLUB DR
FT. MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1658002**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

CRAIG O'DONNELL TREASURER

DATE

1/7/03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MAHAR, SHIRLEY**
STREET ADDRESS **5774 BASS CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **MGRM** ☒ Delete
NAME **NEWMAN, PAT**
STREET ADDRESS **5765 HIDDEN HARBOUR BLVD**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **S** ☐ Delete
NAME **FRICK, BETTY**
STREET ADDRESS **5705 HARBOUR CLUB ROAD**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **WELFLE, TERRY**
STREET ADDRESS **4755 HIDDEN HARBOUR BLVD**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☒ Delete
NAME **LEISMEN, MICHELLE**
STREET ADDRESS **5683 HARBOUR CLUB RD**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **T** ☐ Delete
NAME **O'DONNELL, CRAIG**
STREET ADDRESS **5748 BASS CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SANDY FRISKE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LOUIS HORTON**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **CRAIG O'DONNELL, TREASURER** Date **6/14/03**

CR2E037 (10/02)