


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90009 043 \*\*\*\*61.25

<b>DOCUMENT # 725455</b>	
1. Entity Name <b>HIDDEN HARBOUR OF ALTAMONTE SPRINGS, INC.</b>	

Principal Place of Business <b>P O BOX 150474 ALTAMONTE SPG, FL 32715 US</b>	Mailing Address <b>P O BOX 150474 ALTAMONTE SPG, FL 32715 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-2695825</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CHRISTENSEN, MYRON D 605 RED SAIL LANE ALTAMONTE SPRINGS, FL 32701</b>		7. Name and Address of New Registered Agent Name <b>CAROLE A. MILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 RED SAIL LANE</b> City <b>ALTAMONTE SPRINGS FL</b> Zip Code <b>32701</b>

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 CAROLE A. MILLER Carole A. Miller APRIL 3, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENIOR, MARY M 604 RED SAIL LANE ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID FOX 606 BIRCH BLVD ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOX, DAVID 606 BIRCH BLVD ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLEN THOMPSON-PARCELL 643 MARINER WAY ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHRISTENSEN, MYRON D 605 RED SAIL LANE ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROLE A. MILLER 600 RED SAIL LANE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JAMES 605 MARINER WAY ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALDWELL, JEFF 618 RED SAIL LANE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carole A. Miller CAROLE A. MILLER 04-03-06 407-830-5703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #