

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725455

FILED  
Feb 20, 2007  
Secretary of State

**Entity Name:** HIDDEN HARBOUR OF ALTAMONTE SPRINGS, INC.

**Current Principal Place of Business:**

P O BOX 150474  
ALTAMONTE SPG, FL 32715 US

**New Principal Place of Business:**

606 BIRCH BLVD  
ALTAMONTE SPG, FL 32701 US

**Current Mailing Address:**

P O BOX 150474  
ALTAMONTE SPG, FL 32715 US

**New Mailing Address:**

**FEI Number:** 20-2695825      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MILLER, CAROLE A  
620 RED SAIL LANE  
ALTAMONTE SPRINGS, FL 32701 US

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

FOX, WILLIAM D  
606 BIRCH BLVD  
ALTAMONTE SPRINGS, FL 32701 US

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: WILLIAM D. FOX

02/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOX, DAVID  
Address: 606 BIRCH BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD ( ) Delete  
Name: THOMPSON-PARCELL, ELLEN  
Address: 643 MARINER WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete  
Name: MILLER, CAROLE A  
Address: 620 RD SAIL LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD ( ) Delete  
Name: JOHNSON, JAMES  
Address: 605 MARINER WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD ( ) Delete  
Name: CALDWELL, JEFF  
Address: 618 RED SAIL LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: PD (X) Change ( ) Addition  
Name: FOX, WILLIAM D  
Address: 606 BIRCH BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: TD (X) Change ( ) Addition  
Name: SMITH, ELIZABETH  
Address: 628 MARINER WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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: WILLIAM D FOX

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date