

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752594

FILED
Apr 06, 2009
Secretary of State

Entity Name: HIDDEN HARBOUR OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

896 NORTH FEDERAL HWY
SUITE 533
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

896 NORTH FEDERAL HWY
SUITE 533
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 59-2171605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, JANE
896 NORTH FEDERAL HWY
SUITE 533
LANTANA, FL 33462 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: VD () Delete
Name: HARRINGTON, NORMA
Address: 896 N. FEDERAL HWY. #428
City-St-Zip: LANTANA, FL 33462

Title: PD () Delete
Name: HAND, JANE
Address: 896 NO. FEDERAL HWY #432
City-St-Zip: LANTANA, FL 33462

Title: TD () Delete
Name: FARRELL, JAMES
Address: 7255 TILLMAN DR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD (X) Delete
Name: LEHTONEN, SIRKKA
Address: 890 N. FEDERAL HWY. #308
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HARRINGTON, NORMA
Address: 896 N. FEDERAL HWY. #428
City-St-Zip: LANTANA, FL 33462

Title: PD (X) Change () Addition
Name: HAND, JANE
Address: 896 NO. FEDERAL HWY #432
City-St-Zip: LANTANA, FL 33462

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: SHERI MCKENZIE

BKPR

04/06/2009

Electronic Signature of Signing Officer or Director

Date