

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N00868

1. Entity Name
CAMP HIDDEN HAMMOCK, INC.



Principal Place of Business

2222 COLONIAL RD.
STE 100
FORT PIERCE, FL 34950

Mailing Address

2222 COLONIAL RD.
STE 100
FORT PIERCE, FL 34950



01032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2349757

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRISCOLL, MICHAEL J
2222 COLONIAL RD
SUITE 100
FORT PIERCE, FL 34950

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MULLINS, ROB
STREET ADDRESS 1910 OLD RIVER ROAD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE SD
NAME MARSHALL, HELEN
STREET ADDRESS 4032 GREENWOOD DR
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE TD
NAME DRISCOLL, MICHAEL J
STREET ADDRESS 1920 WREN AVE
CITY-ST-ZIP FT. PIERCE, FL

TITLE D
NAME YATES, CAMILLE
STREET ADDRESS 719 GEORGIA AVE
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE D
NAME HOOD, JILL
STREET ADDRESS 1317 PARKLAND BLVD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE D
NAME PENNER, NORMAN
STREET ADDRESS 607 N 7TH STREET STE 1
CITY-ST-ZIP FORT PIERCE, FL 34950

100000194410
01/25/05-80101-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael J Driscoll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2005
Date

772-461-6040
Daytime Phone #