2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N00868

1. Entity Name
CAMP HIDDEN HAMMOCK, INC.

Principal Place of Business	Mailing Address
2222 COLONIAL RD. STE 100 FORT PIERCE, FL 34950	2222 COLONIAL RD. STE 100 FORT PIERCE, FL 34950

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01062006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	ORISCOLL, 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

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02/02/06-80044-002 61.25

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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: Michael J Driscoll 1/6/2006 772-461-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #