
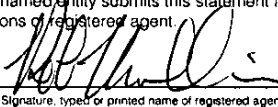
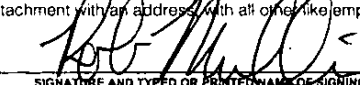


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90049 037 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 3696 Eleven Mile Rd Suite, Apt. #, etc.		3. Mailing Address 5609 Seagrape Dr. Suite, Apt. #, etc.	
City & State Fort Pierce, FL 34945 Zip Country		City & State Fort Pierce, FL Zip Country 34982	
4. FEI Number 59-2349757		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 MULLINS, ROB 1910 OLD RIVER ROAD FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  3.5.8 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD MULLINS, ROB 1910 OLD RIVER ROAD FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Deborah Bergandi 5609 Seagrape Dr. Fort Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD MARSHALL, HELEN 4032 GREENWOOD DR FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Deborah Bergandi 5609 Seagrape Dr. Fort Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD DRISCOLL, MICHAEL J 1920 WREN AVE FT. PIERCE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Deborah Bergandi 5609 Seagrape Dr. Fort Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D YATES, CAMILLE 719 GEORGIA AVE FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Deborah Bergandi 5609 Seagrape Dr. Fort Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HOOD, JILL 1317 PARKLAND BLVD FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Deborah Bergandi 5609 Seagrape Dr. Fort Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PENNER, NORMAN 607 N 7TH STREET STE 1 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Deborah Bergandi 5609 Seagrape Dr. Fort Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  Rob Mullins <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3.5.8 772 461 8335 <small>Date Daytime Phone #</small>	