

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00868

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** CAMP HIDDEN HAMMOCK, INC.

**Current Principal Place of Business:**

3696 ELEVEN MILE RD  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

5609 SEAGRAPE DR  
FORT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 59-2349757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULLINS, ROB  
1910 OLD RIVER ROAD  
FORT PIERCE, FL 34982 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:** PD  
**Name:** MULLINS, ROB  
**Address:** 1910 OLD RIVER ROAD  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** SD  
**Name:** MARSHALL, HELEN  
**Address:** 4032 GREENWOOD DR  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** TD  
**Name:** BERGANDI, DEBORAH  
**Address:** 5609 SEAGRAPE DR  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** D  
**Name:** YATES, CAMILLE  
**Address:** 719 GEORGIA AVE  
**City-St-Zip:** FORT PIERCE, FL 34950

**Title:** D  
**Name:** SMITH, DONNA  
**Address:** 4511 S INDIAN RIVER DR  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** D  
**Name:** BACCI, MARGARET  
**Address:** 1701 SW CHICORY TERRACE  
**City-St-Zip:** PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

**SIGNATURE:** ROB MULLINS

PD

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date