

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 005 ****61.25

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04022007 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000003499			
1. Entity Name HIDDEN HARBOR AT MILL COVE OWNERS ASSOCIATION, INC.			
Principal Place of Business 920 3RD STREET STE B NEPTUNE BEACH, FL 32266		Mailing Address 920 3RD STREET STE B NEPTUNE BEACH, FL 32266	
2. Principal Place of Business - No P.O. Box # 2314 HUCKINS CT Suite, Apt. #, etc.		3. Mailing Address 2314 HUCKINS CT Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32225	Country DUAL	Zip 32225	Country DUAL
4. FEI Number 59-3716159		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 WALLACE, L DENISE 920 3RD ST STE B NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent Name: Ken Harris Street Address (P.O. Box Number is Not Acceptable): 2314 HUCKINS CT City: JACKSONVILLE FL Zip Code: 32225	
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: <u>Ken Harris - Treasurer</u>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)	
SIGNATURE: <u>Ken Harris</u>		DATE: <u>4/2/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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: PD	NAME: MANN, COREY B	TITLE: PD	NAME: THOMAS GOINS
STREET ADDRESS: 2359 HUCKINS CT	CITY-ST-ZIP: JACKSONVILLE, FL 32225	STREET ADDRESS: 2359 HUCKINS CT	CITY-ST-ZIP: JACKSONVILLE FL 32225
TITLE: VD	NAME: BRZOWSKI, PATRICIA	TITLE: VD	NAME: DAVID PREWITT
STREET ADDRESS: 2351 HUCKINS CT	CITY-ST-ZIP: JACKSONVILLE, FL 32225	STREET ADDRESS: 2306 HUCKINS CT	CITY-ST-ZIP: JACKSONVILLE FL 32225
TITLE: STD	NAME: HARRIS, KENNETH R	TITLE:	NAME:
STREET ADDRESS: 2314 HUCKINS CT	CITY-ST-ZIP: JACKSONVILLE, FL 32225	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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: <u>Ken Harris</u>		Date: <u>4/2/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>904 642 2287</u>	