

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003499

1. Entity Name
**HIDDEN HARBOR AT MILL COVE OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**2314 HUCKINS CT
JACKSONVILLE, FL 32225**

Mailing Address

**2314 HUCKINS CT
JACKSONVILLE, FL 32225**



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3716159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, KEN
2314 HUCKINS CT
JACKSONVILLE, FL 32225**

**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

Ken Harris
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | GOINS, THOMAS |
| STREET ADDRESS | 2398 HUCKINS CT |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 |
| TITLE | VD |
| NAME | PREWITT, DAVID |
| STREET ADDRESS | 2306 HUCKINS CT |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 |
| TITLE | STD |
| NAME | HARRIS, KENNETH R |
| STREET ADDRESS | 2314 HUCKINS CT |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000930131
05/21/08-80096-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Ken Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/23/08