

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31570

FILED  
Feb 24, 2011  
Secretary of State

**Entity Name:** HIDDEN HARBOUR HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O QUALIFIED PROPERTY MANAGEMENT, INC,  
1301 SEMINOLE BLVD, #110  
LARGO, FL 33770 US

**New Principal Place of Business:**

C/O QUALIFIED PROPERTY MANAGEMENT, INC,  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

C/O QUALIFIED PROPERTY MGMT., INC.  
1301 SEMINOLE BLVD #110  
LARGO, FL 33770 US

**New Mailing Address:**

C/O QUALIFIED PROPERTY MANAGEMENT, INC,  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-2991184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUALIFIED PROPERTY MANAGEMENT  
5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

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

QUALIFIED PROPERTY MANAGEMENT INC  
5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

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: MARY WHITE

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: KEEGAN, CAROL  
Address: 701 HIDDEN HBR DR  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D  
Name: LITZMAN, JUNE  
Address: 709 HIDDEN HARBOUR DR  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TD  
Name: HUNT, PHYLLIS  
Address: 612 HIDDEN HARBOUR DR  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VD  
Name: KLINE, DAVID  
Address: 905 HIDDEN HARBOUR DR  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD  
Name: HOWELL, ED  
Address: 612 HIDDEN HARBOUR DR  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D  
Name: GOLAY, MIKE  
Address: 107 HIDDEN HARBOUR DR  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: ED HOWELL

PD

02/24/2011

Electronic Signature of Signing Officer or Director

Date