

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001310

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** HIDDEN HARBOUR HOMEOWNERS' ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

1051 TORTOISE CV  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1051 TORTOISE CV  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 59-3360275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIELVOGEL, LEONARD  
101 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32952 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 ( ) Delete  
Name: INMAN, GLENN  
Address: 1625 SWEETWATER BEND  
City-St-Zip: MELBOURNE, FL 32935

Title: DV ( ) Delete  
Name: COLE, MARK  
Address: 1042 TORTOISE COVE  
City-St-Zip: MELBOURNE, FL 32935

Title: DST ( ) Delete  
Name: SMITH, NORMA  
Address: 1051 TORTOISE CV  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMA SMITH

DST

03/30/2009

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

\_\_\_\_\_  
Date