FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734194 (4)

1. Corporation Name
HIDEAWAY HARBOUR ASSOCIATION, INC.

FILED
95 JAN 23 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5400 LAMOYA AVE. JACKSONVILLE FL 32210	5400 LAMOYA AVE. JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: 10/29/1975
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1955611 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWAIN, DAVID 5400 LAMOYA AVE. #17 JACKSONVILLE FL 32210	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, THELMA	1.2 NAME		
STREET ADDRESS	5400 LAMOYA AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	~~TR~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KAUFMAN, LEONARD	2.2 NAME	Leonard Kaufman	
STREET ADDRESS	5400 LAMOYA AVENUE	2.3 STREET ADDRESS	5400 LaMoya Av	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	Jacksonville FL 32210	
TITLE	~~TP~~	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	MIZELLE, AUDREY L.	3.2 NAME	Audrey L Mizelle	
STREET ADDRESS	5400 LAMOYA AVENUE	3.3 STREET ADDRESS	5400 LaMoya Av	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	Jacksonville FL 32210	
TITLE	~~DV~~	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	~~HAND, MARIA~~	4.2 NAME	William Burch	
STREET ADDRESS	5400 LAMOYA AVENUE	4.3 STREET ADDRESS	5400 LaMoya Av	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	Jacksonville FL 32210	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, DAVID	5.2 NAME		
STREET ADDRESS	5400 LAMOYA AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	DS	6.1 TITLE		☐ Change ☐ Addition
NAME	ROWLAND, PETER	6.2 NAME		
STREET ADDRESS	5400 LAMOYA AV	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DAVID SWAIN 1-13-95 904-396-3052
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR — Date — Daytime Phone #

0026400