FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **734194** **(4)**

1. Corporation Name

HIDEAWAY HARBOUR ASSOCIATION, INC.

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: **01/23/1995**

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

4. FEI Number: **59-1955611** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWAIN, DAVID
5400 LAMOYA AVE. #17
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE David Swain — David Swain — 21 Jan 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	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	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KAUFMAN, LEONARD		2.2 NAME	DAVIS, JAMES	
STREET ADDRESS	5400 LAMOYA AVE.		2.3 STREET ADDRESS	5400 LAMOYA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIZELLE, AUDREY L.		3.2 NAME		
STREET ADDRESS	5400 LAMOYA AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUTCH, WILLIAM		4.2 NAME		
STREET ADDRESS	5400 LAMOYA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	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	☒ DELETE	6.1 TITLE	DS	☐ Change ☒ Addition
NAME	ROWLAND, PETER		6.2 NAME	CAPPA, IRENE	
STREET ADDRESS	5400 LAMOYA AV		6.3 STREET ADDRESS	5400 LAMOYA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	

CR2E037 (12/95)

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)(k), 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: William L. Butch — 22 Jan 1996 — (904) 573-9132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William L. Butch