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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 322104784

[redacted]

8. Date Incorporated or Qualified: 10/29/1975	8a. Date of Last Report: 01/29/1996
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)
4. FEI Number: 59-1969611	☐ 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

(01) Name
(02) Street Address (P.O. Box Number is Not Acceptable)
(03)
(04) City FL (05) 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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMS, THELMA		1.2 NAME	Patricia Brown	
STREET ADDRESS	5400 LAMOYA AVENUE		1.3 STREET ADDRESS	5400 LaMoya Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVIS, JAMES		2.2 NAME	Leonard Kaufman	
STREET ADDRESS	5400 LAMOYA AVENUE		2.3 STREET ADDRESS	5400 LaMoya Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	DV	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MIZELLE, AUDREY L.		3.2 NAME	Pete Rowland	
STREET ADDRESS	5400 LAMOYA AVE.		3.3 STREET ADDRESS	5400 LaMoya Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	DT	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BUTCH, WILLIAM		4.2 NAME	C. Howell Brown, M.D.	
STREET ADDRESS	5400 LAMOYA AVENUE		4.3 STREET ADDRESS	5400 LaMoya Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP	Jacksonville, FL 32210	
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		☐ Change ☐ Addition
NAME	CAPPA, IRENE		6.2 NAME	400002172914	
STREET ADDRESS	5400 LAMOYA AVENUE		6.3 STREET ADDRESS	-05/09/97--01067--008	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing 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: William L. Butch REQUIRED Treasurer 01-03-97 904-573-9132
Name and Title Date Daytime Phone #