

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**5400 LAMOYA AVE.
JACKSONVILLE FL 32210**

Mailing Address

**5400 LAMOYA AVE.
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified

10/29/1975

4. FEI Number

59-1955611

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WILLIAMS, THELMA**
STREET ADDRESS **5400 LAMOYA AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **D** ☒ DELETE

NAME **DAVIS, JAMES**
STREET ADDRESS **5400 LAMOYA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DV** ☐ DELETE

NAME **MIZELLE, AUDREY L.**
STREET ADDRESS **5400 LAMOYA AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **DT** ☐ DELETE

NAME **BUTCH, WILLIAM**
STREET ADDRESS **5400 LAMOYA AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **PD** ☐ DELETE

NAME **SWAIN, DAVID**
STREET ADDRESS **5400 LAMOYA AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **DS** ☒ DELETE

NAME **CAPPA, IRENE**
STREET ADDRESS **5400 LAMOYA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DS** ☐ Change ☒ Addition

1.2 NAME **Brown, Pat**
1.3 STREET ADDRESS **5400 LaMoya Avenue**
1.4 CITY-ST-ZIP **Jacksonville, FL 32210**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **French, Don**
2.3 STREET ADDRESS **5400 LaMoya Avenue**
2.4 CITY-ST-ZIP **Jacksonville, FL 32210**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Rowland, Pete**
3.3 STREET ADDRESS **5400 LaMoya Avenue**
3.4 CITY-ST-ZIP **Jacksonville, FL 32210**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Brown, Howell**
4.3 STREET ADDRESS **5400 LaMoya Avenue**
4.4 CITY-ST-ZIP **Jacksonville, FL 32210**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **Cappa, Irene**
6.3 STREET ADDRESS **5400 LaMoya Avenue**
6.4 CITY-ST-ZIP **Jacksonville, FL 32210**

14. I 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 Butch

Jan 9, 1998

(904) 573-9132

CR2E037 (10/97)