FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State
03-05-1999 90121 038 ****61.25

000051986

DOCUMENT # 734194

1. Corporation Name

HIDEAWAY HARBOUR ASSOCIATION, INC.

176901 - 90121 - 38

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 10/29/1975 4. FEI Number 59-1955611 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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		☐ 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	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN PAT		2.2 NAME		
STREET ADDRESS	5400 LAMOYA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP		
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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAPPA, IRENE		6.2 NAME		
STREET ADDRESS	5400 LAMOYA AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		6.4 CITY-ST-ZIP		

See Attachment

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Thelma Harbour Howell Brown 18 Jan 99 904-573-6296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

176901-90121-38
734194

Attachment for
NONPROFIT CORPORATE ANNUAL REPORT 1999
DOCUMENT # 734194

Blocks 12 & 13 - Multiple changes and additions

Title	D	CHANGE
Name	WILLIAMS, THELMA	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	DS	DELETE
Name	BROWN, PAT	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	D	CHANGE
Name	MIZELLE, AUDREY L.	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	DT	DELETE
Name	BUTCH, WILLIAM	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	PD	CHANGE
Name	SWAIN, DAVID	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	D	
Name	CAPPA, IRENE	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	D	ADDITION
Name	CRUZ, ACELA	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	SD	ADDITION
Name	SHOVER, JIM	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	VD	ADDITION
Name	FRENCH, DON	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	D	ADDITION
Name	ROWLAND, PETE	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	TD	ADDITION
Name	BROWN, HOWELL	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	
Title	D	ADDITION
Name	NACKINO, ANN	
Street Address	5400 LAMOYA AVENUE	
City-St-Zip	JACKSONVILLE, FL 32210	