2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90061 005 ****61.25

DOCUMENT # 734194

1. Entity Name

HIDEAWAY HARBOUR ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWAIN, DAVID 5400 LAMOYA AVE. #17 JACKSONVILLE FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FRENCH DONALD 5400 LAMOYA AVE. JACKSONVILLE FL 32210	☐ Delete	D5 ACELA CRUZ 5400 LAMOYA AVE JACKSONVILLE, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SHOVER, JAMES 5400 LAMOYA AVE JACKSONVILLE FL 32210	☒ Delete	D VIRGIL PACETTI 5400 LAMOYA AVE JACKSONVILLE, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NACKINO, ANN 5400 LAMOYA AVE. JACKSONVILLE FL 32210	☐ Delete	VP FRED BRINSON 5400 LAMOYA AVE JACKSONVILLE, FL 32210	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSIDY, JOHN 5400 LAMOYA AVENUE JACKSONVILLE FL 32210	☒ Delete	D BETTY OWENS 5400 LAMOYA AVE JACKSONVILLE, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWAIN, DAVID 5400 LAMOYA AVENUE JACKSONVILLE FL	☐ Delete	D MARIA HAND 5400 LAMOYA AVE JACKSONVILLE, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CAPPA, IRENE 5400 LAMOYA AVE JACKSONVILLE FL 32210	☐ Delete		☒ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irene Cappa IRENE CAPPA 2/12/02 (904) 778-9069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #