2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90005 019 ****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

MOORE CR2E037 (11/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida 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 AVENUE #19 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CAPPA, IRENE 5400 LA MOYA AVE JACKSONVille FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAND, MARIA 5400 LAMOYA AVENUE #5 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRINSON, Fred 5400 LA MOYA AVE JACKSONVille FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NACKINO, ANN 5400 LAMOYA AVENUE #32 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, ACELA 5400 LA MOYA AVE JACKSONVille FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS OWENS, BETTY 5400 LAMOYA AVENUE #21 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWAIN, DAVID 5400 LAMOYA AVENUE #17 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT OLIVER, JAN 5400 LAMOYA AVENUE #15 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Janis S. Oliver Janis Oliver 3/1/04 (904) 355-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #