2005 NOT-FOR-PROFIT CORPORATION

Feb 28, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # 734194** 02-28-2005 90185 033 ****61.25 HIDEAWAY HARBOUR ASSOCIATION, INC. Principal Place of Business Mailing Address 5400 LAMOYA AVE. 5400 LAMOYA AVE. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01112005 Cha-NP CR2E037 (10/03) 4. FEI Number 59-1955611 City & State City & State Applied For Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWAIN, DAVID 5400 LAMOYA AVE. #17 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32210 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition FRENCH, DONALD NAME NAME STREET ADDRESS 5400 LAMOYA AVENUE #19 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP DV MTF. Delete TITLE ☐ Change ☐ Addition HAND, MARIA NAME -NAME STREET ADDRESS 5400 LAMOYA AVENUE #5 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE Delete IIILE ☐ Change ☐ Addition NAME NACKINO, ANN NAME STREET ADDRESS 5400 LAMOYA AVENUE #32 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE DS ☐ Delete TITLE ☐ Change ■ Addition NAME OWENS, BETTY NAME STREET ADDRESS 5400 LAMOYA AVENUE #21 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TILLE PD ☐ Deleta MLE ☐ Change ☐ Addition SWAIN, DAVID NAME STREET ADDRESS 5400 LAMOYA AVENUE #17 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP πLE DT Delete MLE ☐ Change ☐ Addition

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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

OLIVER, JAN

5400 LAMOYA AVENUE #15

JACKSONVILLE, FL 32210 + 21

STREET ADDRESS