

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90196 030 ****61.25

60001040



DOCUMENT # 734194 1. Entity Name HIDEAWAY HARBOUR ASSOCIATION, INC.					
Principal Place of Business 5400 LAMOYA AVE. JACKSONVILLE, FL 32210			Mailing Address 5400 LAMOYA AVE. JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1955611	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <u>Rowland, Pete</u> Street Address (P.O. Box Number is Not Acceptable) <u>#1</u> City <u>FL</u> 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 <u><i>Pete Rowland</i></u> DATE <u>1-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <u>DP</u> NAME <u>ROWLAND, PETE</u> STREET ADDRESS <u>5400 LAMOYA AVE 1</u> CITY-ST-ZIP <u>JACKSONVILLE, FL 32210</u>	<input type="checkbox"/> Delete		TITLE <u>DP</u> NAME <u>DP</u> STREET ADDRESS <u>DP</u> CITY-ST-ZIP <u>DP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <u>DP</u> NAME <u>OWENS, BETTY</u> STREET ADDRESS <u>5400 LAMOYA AVENUE #21</u> CITY-ST-ZIP <u>JACKSONVILLE, FL 32210</u>	<input type="checkbox"/> Delete		TITLE <u>DP</u> NAME <u>DP</u> STREET ADDRESS <u>DP</u> CITY-ST-ZIP <u>DP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <u>DP</u> NAME <u>SWAIN, DAVID</u> STREET ADDRESS <u>5400 LAMOYA AVENUE #17</u> CITY-ST-ZIP <u>JACKSONVILLE, FL 32210</u>	<input type="checkbox"/> Delete		TITLE <u>DP</u> NAME <u>DP</u> STREET ADDRESS <u>DP</u> CITY-ST-ZIP <u>DP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <u>DT</u> NAME <u>OLIVER, JAN</u> STREET ADDRESS <u>5400 LAMOYA AVENUE #15</u> CITY-ST-ZIP <u>JACKSONVILLE, FL 32210</u>	<input checked="" type="checkbox"/> Delete		TITLE <u>DP</u> NAME <u>DP</u> STREET ADDRESS <u>DP</u> CITY-ST-ZIP <u>DP</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <u>DP</u> NAME <u>DP</u> STREET ADDRESS <u>DP</u> CITY-ST-ZIP <u>DP</u>	<input type="checkbox"/> Delete		TITLE <u>DS</u> NAME <u>Cruz, Acela</u> STREET ADDRESS <u>5400 La Moya Avenue #6</u> CITY-ST-ZIP <u>Jacksonville, FL 32210</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <u>DP</u> NAME <u>DP</u> STREET ADDRESS <u>DP</u> CITY-ST-ZIP <u>DP</u>	<input type="checkbox"/> Delete		TITLE <u>DP</u> NAME <u>DP</u> STREET ADDRESS <u>DP</u> CITY-ST-ZIP <u>DP</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Pete Rowland</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-10-07</u> Daytime Phone # <u>904-353-3181</u>		