



FILED
Jan 11, 2008 8:00 am
Secretary of State

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ROWLAND, PETE 5400 LAMOYA AVE. #1 JACKSONVILLE, FL 32210		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE		(NOTE: Registered Agent signature required)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROWLAND, PETE 5400 LAMOYA AVE 1 JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV OWENS, BETTY 5400 LAMOYA AVENUE #21 JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SWAIN, DAVID 5400 LAMOYA AVENUE #17 JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OLIVER, JAN 5400 LAMOYA AVENUE #15 JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CRUZ, ACOLA 5400 LAMAYO AVE #6 JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS L 54 J		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Pete Rowland, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			