

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734194

FILED
Jan 20, 2009
Secretary of State

Entity Name: HIDEAWAY HARBOUR ASSOCIATION, INC.

Current Principal Place of Business:

5400 LAMOYA AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5400 LAMOYA AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1955611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWLAND, PETE
5400 LAMOYA AVE. #1
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROWLAND, PETE
Address: 5400 LAMOYA AVE 1
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV () Delete
Name: OWENS, BETTY
Address: 5400 LAMOYA AVENUE #21
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT () Delete
Name: SWAIN, DAVID,
Address: 5400 LAMOYA AVENUE #17
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS () Delete
Name: LONG, AMELIA
Address: 5400 LAY MAYA AVE 30
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROWLAND, PETE
Address: 5400 LAMOYA AVENUE, #1
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV (X) Change () Addition
Name: OWENS, BETTY
Address: 5400 LAMOYA AVENUE, #21
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT (X) Change () Addition
Name: FRANKS, KAREN G
Address: 5400 LAMOYA AVENUE, #14
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS (X) Change () Addition
Name: OLIVER, JAN
Address: 5400 LA MOYA AVENUE, #15
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE ROWLAND

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date