2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# 743832

Entity Name: THE HIDEAWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2238275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD (X) Delete
Name: PAINE, LLOYD
Address: 379 BOBBY JONES RD
City-St-Zip: SARASOTA, FL 34232

Title: SD ( ) Delete
Name: COPELAND, JILL M
Address: PO BOX 1316
City-St-Zip: SARASOTA, FL 34230

Title: VPD ( ) Delete
Name: GALLAS, WILLIAM
Address: 373 BOBBY JONES RD
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: CROSLEY, BETTY
Address: 315 BOBBY JONES RD
City-St-Zip: SARASOTA, FL 34232

Title: TD ( ) Delete
Name: LANG, CATHY
Address: 383 BOBBY JONES RD
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: COPELAND, M JILL
Address: 369 BOBBY JONES RD
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM GALLAS VPD 03/02/2007

Electronic Signature of Signing Officer or Director — Date