

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 760180 (0)
1. Corporation Name
HIDEAWAY SANDS RESORT LESSEES ASSOCIATION, INC.

Principal Place of Business 3804 GULF BLVD. ST PETERSBURG BEACH FL 33706	Mailing Address 3804 GULF BLVD. ST PETERSBURG BEACH FL 33706
--	--

3. Date Incorporated or Qualified 09/24/1981	4. FEI Number 59-2185388	Applied For Not Applicable
---	-----------------------------	-------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

ADAMS, THOMAS D.
3804 GULF BLVD.
ST. PETERSBURG FL 33706

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BELCHER, ANN	1.2 NAME	
STREET ADDRESS	11424 CIMMARON CIRCLE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILBOURN, RUSSELL	2.2 NAME	
STREET ADDRESS	1332 PASADENA AVE #601	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TROISO, RAYMOND	3.2 NAME	
STREET ADDRESS	8000 125TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KIESGEN, JIM	4.2 NAME	
STREET ADDRESS	3606 CHEROKEE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, LOUIS	5.2 NAME	
STREET ADDRESS	221 SW 44TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	AAS ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, THOMAS D.	6.2 NAME	
STREET ADDRESS	3804 GULF BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

~~SIGNATURE~~ REQUIRED

1/8/98

813-367-2781

CR2E037 (10/97)