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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

97052 · 90112 · 10

DOCUMENT # 760180

1. Corporation Name

HIDEAWAY SANDS RESORT LESSEES ASSOCIATION, INC.

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 09/24/1981

4. FEI Number: 59-2185388 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CARTER, BRUCE		3.2 NAME	CARDALL, BRUCE	
STREET ADDRESS	P.O. BOX 530163 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33747		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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Thomas D. Adams 1/5/99 727-367-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #