

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90045 008 ****61.25

DOCUMENT # 760180

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2185388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BELCHER, ANN ☐ Delete
STREET ADDRESS 11424 CIMMARON CIRCLE W
CITY-ST-ZIP LARGO, FL 33774

TITLE S
NAME SHERRY PREVAK ☐ Change ☒ Addition
STREET ADDRESS 5140 WICKERT DRIVE
CITY-ST-ZIP WEST BEND, WI 53095

TITLE VD
NAME MILBOURN, RUSSELL ☒ Delete
STREET ADDRESS 1332 PASADENA AVE #601
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE M
NAME PAUL HARRING ☐ Change ☒ Addition
STREET ADDRESS 2103 - 50 HILLSBORO AVE
CITY-ST-ZIP TORONTO, ON CN M5R-1S8

TITLE S
NAME CARDELL, BRUCE ☒ Delete
STREET ADDRESS P.O. BOX 530163 N/A
CITY-ST-ZIP ST PETERSBURG, FL 33747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME KIESGEN, JIM ☐ Delete
STREET ADDRESS 3606 CHEROKEE AVE.
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PEREZ, LOUIS ☒ Delete
STREET ADDRESS 77181 HIGHWAY 21
CITY-ST-ZIP COVINGTON, LA 704354011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AAS
NAME ADAMS, THOMAS D. ☒ Delete
STREET ADDRESS 3804 GULF BLVD
CITY-ST-ZIP ST. PETERSBURG BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann K. Belcher as President Ann K Belcher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-04 727-367-2781
Date Daytime Phone #