

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760180

FILED
Jan 11, 2008
Secretary of State

Entity Name: HIDEAWAY SANDS RESORT LESSEES ASSOCIATION, INC.

Current Principal Place of Business:

3804 GULF BLVD.
ST PETERSBURG BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

3804 GULF BLVD.
ST PETERSBURG BEACH, FL 33706

New Mailing Address:

FEI Number: 59-2185388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIE S. JONES, PA
2964 KENILWICK DR
CLEARWATER, FL 337613316 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 () Delete
Name: BELCHER, ANN
Address: 1815 EAST ST JAMES LOOP
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: BLAUVELT, RICHARD
Address: 12 RED FOX LANE
City-St-Zip: BARRINGTON, NH 03825

Title: D () Delete
Name: DUBEE, FRANK
Address: 9710 PARKWOOD CT
City-St-Zip: SEMINOLE, FL 33777

Title: ST () Delete
Name: KIESGEN, JIM,
Address: 3606 CHEROKEE AVE.
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: PEREZ, LOUIS
Address: 1622 SOUTHWEST 25TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: AS () Delete
Name: ADAMS, THOMAS D
Address: 3804 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: THOMAS D. ADAMS

AS

01/11/2008

Electronic Signature of Signing Officer or Director

Date