2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 760180

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
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 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 01/15/2009

Electronic Signature of Signing Officer or Director — Date