

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2012
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
Name: DUBEE, FRANK
Address: 9710 PARKWOOD COURT
City-St-Zip: SEMINOLE, FL 337772705

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

Title: D
Name: VINCENT, STEVE
Address: 404 MOORGATE CT
City-St-Zip: NOBLESVILLE, IN 46060

Title: ST
Name: KIESGEN, JAMES
Address: 3606 CHEROKEE AVE.
City-St-Zip: TAMPA, FL

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS D. ADAMS

AS

06/04/2012

Electronic Signature of Signing Officer or Director

Date