

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000000187**

1. Entity Name  
**HIDEAWAY BAY APARTMENTS LIMITED, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 4 AM 10:17

Principal Place of Business  
**30 ST CLAIR AVENUE WEST, STE 1100  
TORONTO  
ONTARIO CA M4V3A1**

Mailing Address  
**30 ST CLAIR AVENUE WEST, STE 1100  
TORONTO  
ONTARIO CA M4V3A1**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1953574**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDOFF, RONALD  
2550 ALAFAYA TRAIL  
ORLANDO FL 32826**

Name **Whitaker, Cole**

Street Address (P.O. Box Number is Not Acceptable)  
**111 North Orange Avenue**

**Suite 800**

City **Orlando**

FL Zip Code **32801**

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)

4/30/23

DATE

PREPARED BY: **WILLIAM L. SLOAN**  
ATTORNEY AT LAW  
10000 W. BIRCH AVE., SUITE 100  
FORT LAUDERDALE, FL 33309

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD MEDOFF, RONALD 30 ST CLAIR AVE., W., STE 1100 TORONTO ONTARIO CANADA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HOFFER, MAYER 30 ST CLAIR AVE., W., STE 1100 TORONTO ONTARIO CANADA</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 28/03 416-972-0458