


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002849 1. Entity Name THE HIDEAWAY BEACH TROUPE, INC.	
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Principal Place of Business 734 HIDEAWAY CIRCLE WEST MARCO ISLAND, FL 34145	Mailing Address 734 HIDEAWAY CIRCLE WEST MARCO ISLAND, FL 34145
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLVERSON, BARBARA A 734 HIDEAWAY CIRCLE WEST MARCO ISLAND, FL 34145
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**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOLVERSON, BARBARA 734 HIDEAWAY CIRCLE WEST MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELDRED, SANDRA 1000 ROYAL MARCO WAY #4 MARCO ISLAND, FL 34145
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04/28/06-80004-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara A. Solverson (BARBARA SOLVERSON) 4-12-06 (239) 6462-5407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #