

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005971

FILED
Feb 21, 2005
Secretary of State

Entity Name: HIDEAWAY COVE HOMEOWNERS' ASSOCIATION OF SANTA ROSA BEACH, INC.

Current Principal Place of Business:

168 BUNKER PLACE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

196 BUNKER PLACE
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

168 BUNKER PLACE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

196 BUNKER PLACE
SANTA ROSA BEACH, FL 32459 US

FEI Number: 03-0374930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OUSLEY, RICHARD N
185 EMERALD RIDGE
SANTA ROSA BEACH, FL 32459 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: CURTIS, CHARLES M

Address: 168 BUNKER PLACE

City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: KNIGHT, JOSEPH F JR.

Address: 196 BUNKER PLACE

City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD () Delete

Name: WALLIS, LOWANNA M

Address: 950 COUNTRY CLUB LANE

City-St-Zip: BILOXI, MS 39532

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VD () Delete

Name: GROOVER, WENDY

Address: 124 ANNAPOLIS LN

City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 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 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: JOSEPH F. KNIGHT JR.

PD

02/21/2005

Electronic Signature of Signing Officer or Director

Date