

# 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

Title: STD ( ) Delete  
Name: WALLIS, LOWANNA M  
Address: 950 COUNTRY CLUB LANE  
City-St-Zip: BILOXI, MS 39532

Title: VD ( ) Delete  
Name: GROOVER, WENDY  
Address: 124 ANNAPOLIS LN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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: ( ) 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 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