## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # N01000006034 03-15-2006 90097 035 \*\*\*\*61.25 1. Entity Name HIDEAWAY AT SAN JOSE ASSOCIATION, INC. Principal Place of Business Mailing Address ないひひを~~-2851 HIDDEN STAGE COACH ROAD JACKSONVILLE FL 32223 2851 HIDDEN STAGE COACH ROAD JACKSONVILLE FL 32223 2. Principal Place of Business 11844 Hiddi-1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3748330 auleson un Not Applicable ) culcso. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANISTER, MELBA 2851 HIDDEN STAGE COACH ROAD JACKSONVILLE FL 32223 City 1650n Villa 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS DP DP Delete TITLE TITLE Change ☐ Addition BANISTER, MELBA NAME NAME 2851HIDDEN STAGE COACH ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE JARCHOWER, HOWARD NAME NAME 850 Hidden Stage Coach Ct. 2866 WAY STATION CT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP Change mir Additionnthe Shannan B. Valdivicso NAME HEPKE, BRIAN NAME 11839 Hidden Stage Could 11844 HIDDEN STAGE COACH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP Jackson v. 14 Fl. 32223 ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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