

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006034

FILED
Feb 25, 2008
Secretary of State

Entity Name: HIDEAWAY AT SAN JOSE ASSOCIATION, INC.

Current Principal Place of Business:

11844 HIDDEN STAGE COACH CT
JACKSONVILLE, FL 32223

New Principal Place of Business:

2843 HIDDEN STAGE COACH ROAD
JACKSONVILLE, FL 32223

Current Mailing Address:

11844 HIDDEN STAGE COACH CT
JACKSONVILLE, FL 32223

New Mailing Address:

2843 HIDDEN STAGE COACH ROAD
JACKSONVILLE, FL 32223

FEI Number: 59-3748330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEPKE, BRIAN
11844 HIDDEN STAGE COACH CT
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

GIBSON, BETH
2843 HIDDEN STAGE COACH ROAD
JACKSONVILLE, FL 32223 US

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: BETH GIBSON

02/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEPKE, BRIAN
Address: 11844 HIDDEN STAGE COACH CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV (X) Delete
Name: JOHNS, TERESA MS
Address: 11850 HIDDEN STAGE COACH CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: DT (X) Delete
Name: VALDIVICSO, SHANNON B
Address: 11839 HIDDEN STAGE COACH CT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GIBSON, BETH
Address: 2843 HIDDEN STAGE COACH ROAD
City-St-Zip: JACKSONVILLE, FL 32223

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 exemption stated 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 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: BETH GIBSON

DP

02/25/2008

Electronic Signature of Signing Officer or Director

Date