

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006034

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** HIDEAWAY AT SAN JOSE ASSOCIATION, INC.

**Current Principal Place of Business:**

2843 HIDDEN STAGE COACH ROAD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

2843 HIDDEN STAGE COACH ROAD  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 59-3748330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: HENRY, WILLIAM  
Address: 11837 STAGE STOP COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TR ( ) Change (X) Addition  
Name: BEAVER, STEVEN  
Address: 11827 HIDDEN STAGE COACH COURT  
City-St-Zip: JACKSONVILLE, FL 32223

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

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date