

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000008171

1. Entity Name
BAXLEY HIDEAWAY HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
786 BLANDING BLVD, STE 118
ORANGE PARK, FL 32065

Mailing Address
786 BLANDING BLVD, STE 118
ORANGE PARK, FL 32065

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0715147

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, ALAN
786 BLANDING BLVD, STE 118
ORANGE PARK, FL 32065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME SCHUELER, BEN
STREET ADDRESS 3747 ALCOVE DR
CITY-ST-ZIP MIDDLEBURG, FL 32068

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME DARBY, LARA
STREET ADDRESS 3841 HIDEAWAY LN
CITY-ST-ZIP MIDDLEBURG, FL 32068

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE ST
NAME WOLFE, KRISTEN
STREET ADDRESS 3888 HIDEAWAY LN
CITY-ST-ZIP MIDDLEBURG, FL 32068

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE PD
NAME SCHULER, AMBER
STREET ADDRESS 3747 ALCOVE DRIVE
CITY-ST-ZIP MIDDLEBERG, FL 32068

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

SIGNATURE:

Scott Henry

04-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #