

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-12-2008 90007 007 ****70.00

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	Country	Zip	Country	4. FEI Number 01-0715147	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD, STE 118 ORANGE PARK, FL 32065					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY, SCOTT 3856 HIDEAWAY LANE MIDDLEBURG, FL 32068 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFE, KRISTEN 3888 HIDEAWAY LN MIDDLEBURG, FL 32068 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRETT, VALERIE 2109 GROTO CT MIDDLEBURG, FL 32068 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
STD Janis Crook 3888 Hideaway Ln. Middleburg FL 32068 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
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: <u>Valerie Merrett, Pres</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>3-10-08</u> Daytime Phone <u>(904) 838-3248</u>					

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