

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N0100008171

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

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
01-0715147

Applied For  
Not Applicable

5. Certificate of Status Desked  \$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, 2008

8. 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 VP  Delete  
NAME HENRY, SCOTT  
STREET ADDRESS 3856 HIDEAWAY LANE  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME Janis Crock  
STREET ADDRESS 3880 Hideaway Ln.  
CITY-ST-ZIP Middleburg FL 32068

TITLE PD  Delete  
NAME MERRETT, VALERIE  
STREET ADDRESS 2109 GROTTO CT  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Valerie Merrett, Pres.

3-10-08 838-3248  
(904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #