

# 505 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009951

1. Entity Name  
HIDEAWAY FARMS FOUNDATION, INC.



Principal Place of Business  
1117 LITTLE MARCO ISLAND  
NAPLES, FL 34101 US

Mailing Address  
~~1666 OSPREY AVE~~ P.O. Box 11958  
NAPLES, FL 34102 34101

FILED  
05 AUG -1 AM 10:20

TALLAHASSEE, FLORIDA

04-05



05062005 REIN-NP CR2E099 (6/04)

4. FEI Number  
56-2464966

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

IRVIN, SHERRY H  
1666 OSPREY AVE  
#202  
NAPLES, FL 34102

## 7. Name and Address of New Registered Agent

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

*Sherry Irvin*

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

(NOTE: Registered Agent signature required when reinstating)

5/21/05  
DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	IRVIN, SHERRY H	
STREET ADDRESS	PO BOX 11958	
CITY-ST-ZIP	NAPLES, FL 34101	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IRVIN, TIMOTHY K	
STREET ADDRESS	PO BOX 11958	
CITY-ST-ZIP	NAPLES, FL 34101	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTHMAN, AUDREY	
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES, FL 34101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300058395163	
CITY-ST-ZIP	08/09/05--01053--001	\$297.50
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Sherry Irvin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY IRVIN

Daytime Phone #