


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90191 030 \*\*\*\*61.25

<b>DOCUMENT # N05000009001</b>					
<b>1. Entity Name</b> LESLIE'S HIDEAWAY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257			<b>Mailing Address</b> 8009 SOUTH ORANGE AVE. ORLANDO, FL 32809		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2955 HARTLEY RD Suite, Apt. #, etc. SUITE 108 City & State JACKSONVILLE FL Zip 32257			
Suite, Apt. #, etc.		City & State			
City & State		Zip		Country	
04102008 Chg-NP CR2E037 (12/06)		<b>4. FEI Number</b> 55-0910592		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> MATOVINA, GREGORY E 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP MATOVINA, GREGORY E 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DVT BORSTEIN, DONALD K 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DS HUDSON, SHARON 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> <i>Sharon Hudson</i> <b>SHARON HUDSON</b> 4/11/08 904 292 0778 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		