

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004464

FILED
Jul 08, 2008
Secretary of State

Entity Name: HIDEAWAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5472 FIRST COAST HIGHWAY SUITE 13
AMELIA ISLAND, FL 32034

New Principal Place of Business:

5472 FIRST COAST HIGHWAY SUITE 2
AMELIA ISLAND, FL 32034

Current Mailing Address:

5472 FIRST COAST HIGHWAY SUITE 13
AMELIA ISLAND, FL 32034

New Mailing Address:

5472 FIRST COAST HIGHWAY SUITE 2
AMELIA ISLAND, FL 32034

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONS, VANN
5472 FIRST COAST HIGHWAY SUITE 13
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

SIMMONS, VANN
5472 FIRST COAST HIGHWAY SUITE 2
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

07/08/2008

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIMMONS, VANN
Address: 5472 FIRST COAST HIGHWAY SUITE 13
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DV () Delete
Name: RICHARDSON, SPURGEON
Address: 5472 FIRST COAST HIGHWAY SUITE 13
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DST () Delete
Name: LANIER, KEN
Address: 5472 FIRST COAST HIGHWAY SUITE 13
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SIMMONS, VANN
Address: 5472 FIRST COAST HIGHWAY SUITE 2
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DV (X) Change () Addition
Name: RICHARDSON, SPURGEON
Address: 5472 FIRST COAST HIGHWAY SUITE 2
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DST (X) Change () Addition
Name: LANIER, KEN
Address: 5472 FIRST COAST HIGHWAY SUITE 2
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANN E SIMMONS

Electronic Signature of Signing Officer or Director

DP

07/08/2008

Date