2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N07000004464

Entity Name: HIDEAWAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5472 FIRST COAST HIGHWAY SUITE 2
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

5472 FIRST COAST HIGHWAY SUITE 2
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number: 26-0220385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GALPHIN, NIP
1880 SOUTH 14TH STREET SUITE 103
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: NIP GALPHIN 02/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 SIMMONS DP 02/21/2009
Electronic Signature of Signing Officer or Director Date