

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N07945	
1. Entity Name HIDE-A-WAY ACRES LAND OWNERS ASSOCIATION, INC.	
Principal Place of Business 105 SAN JOSE BLVD HAWTHORNE, FL 32640	Mailing Address 105 SAN JOSE BLVD HAWTHORNE, FL 32640



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WATKINS, LEONARD C
105 SAN JOSE BLVD
HAWTHORNE, FL 32640**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000825033
02/20/08-80102-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TERRELL, CYNTHIA K
STREET ADDRESS	130 SAN JOSE BLVD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	STD
NAME	WATKINS, LEONARD C
STREET ADDRESS	117 COSTA ROAD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	PD
NAME	GAST, NATHAN
STREET ADDRESS	124 SAN JOSE BOULEVARD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	D
NAME	ADKINSON, ELAINE
STREET ADDRESS	122 SAN JOSE BLVD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	D
NAME	HALL, RUTH ANN
STREET ADDRESS	120 SAN JOSE BOULEVARD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Leonard C Watkins* *Leonard C Watkins* *2/12/2008* *352-481-2124*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #