

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11894 (5)

1. Corporation Name

NATURE'S HIDEAWAY PHASE IA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: C/O ROBERT W. PARKINSON, 7232 OTTER CREEK DRIVE, NEW PORT RICHEY FL 34655
Mailing Address: C/O ROBERT W. PARKINSON, 7232 OTTER CREEK DRIVE, NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified: 11/04/1985
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: 59-2854416 Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

PARKINSON, ROBERT W.
7232 OTTER CREEK DRIVE
NEW PORT RICHEY FL 34655

81 Name: Susan G. Gibilaro
82 Street Address (P.O. Box Number is Not Acceptable): 7224 Hideaway Trail
83 City: New Port Richey
84 City: FL 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Susan Gibilaro (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PARKINSON, ROBERT W.	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7232 OTTER CREEK DR.	CITY-ST-ZIP: NEW PORT RICHEY FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	
TITLE: STD	NAME: PARKINSON, CAROLE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7232 OTTER CREEK DR.	CITY-ST-ZIP: NEW PORT RICHEY FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: D	NAME: KEELER, THOMAS	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7216 HIDEAWAY TRAIL	CITY-ST-ZIP: NEW PORT RICHEY FL	32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	
TITLE: DV	NAME: HASTINGS, GLEN	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7220 HIDEAWAY TRAIL	CITY-ST-ZIP: NEW PORT RICHEY FL	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE: D	NAME: WEAVER, RENEE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7204 HIDEAWAY TRAIL	CITY-ST-ZIP: NEW PORT RICHEY FL	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE: PD	NAME: Susan Gibilaro	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7224 Hideaway Trail	CITY-ST-ZIP: New Port Richey, FL 34655	62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carole Parkinson (Signature and Typed or Printed Name of Signing Officer or Director) Date: 1-25-96 Daytime Phone #: 376-7261

CR2E037 (12/95)