

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

Mailing Address

**C/O ROBERT W. PARKINSON
7232 OTTER CREEK DRIVE
NEW PORT RICHEY FL 34655**

**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

21

26

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **PARKINSON, ROBERT W.**
STREET ADDRESS **7232 OTTER CREEK DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **STD** ☐ DELETE
NAME **PARKINSON, CAROLE**
STREET ADDRESS **7232 OTTER CREEK DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ DELETE
NAME **KEELER, THOMAS**
STREET ADDRESS **7216 HIDEAWAY TRAIL**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DV** ☒ DELETE
NAME **HASTINGS, GLEN**
STREET ADDRESS **7220 HIDEAWAY TRAIL**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE
NAME **WEAVER, RENEE**
STREET ADDRESS **7204 HIDEAWAY TRAIL**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PD** ☐ DELETE
NAME **Susan Gibilaro**
STREET ADDRESS **7224 Hideaway Trail**
CITY-ST-ZIP **new Port Richey, FL 34655**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

1-25-96

Date

376-7261

Daytime Phone #

CR2E037 (12/95)