FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(5)

NATURE'S HIDEAWAY PHASE IA HOMEOWNERS ASSOCIATIO N. INC.

Principal Place of Business

Mailing Address

FILED Mar 20 1997 8:00am Secretary of State



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 34655-4057			
				3. Date Incorporated or Qualified 11/04/1985	3a. Date of Last Report 03/01/1996
· · · · · ·	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2854416	Applied For
21 フスス	TOTTER CRECK DR.	26 7727 0116	R CREEK D	R. 59-2654416	Not Applicable
22		27		5- Certificate of Status Desired	\$8.75 Additional Fee Required
Lau & State		City & State	11 71	6. Election Campaign Financing	\$5.00 May Be
23 New	Sect Scickey, Fla Country 55 25 USA	28 NUNGET	(ichey d-19	Trust Fund Contribution	☐ Added to Fees
2 ^(p)	Country	24/55	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes Mo
24 346.	9. Name and Address of Current	Registered Agent	1301 427	10. Name and Address of New Re	
	O, SUSAN DEAWAY TRAIL		81 Name 82 Street	Ralph Rinaldi Address (P.O. Box Number is Not Acceptal 17 OTTEN CREEK	ble)
	RT RICHEY FL 34655		B3	Offer Uncerv	
, new co			84 City	W Fort Richer	FL 85 Zip Code 34655
I office or re	o the provisions of Sections 617.0602 egistered agent, or both, in the State on Infamiliar with, and accept the obligat	of Florida. Such change was	authorized by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
	ROLL RING dispensed name of registered agent	and little if applicable	Yalek OX	e required when reinslating)	1/27/97 DATE
12.	OFFICERS AND	74-	13.	ADDITIONS/CHANGES TO OFFI	
11/LF	PD	DELETE	1.1 TITLE	PP	Change
NAME {	GIBILARO, SUSAN		. 1.2 NAME	Ralph Riwaldi	المستنية الم
STREET ADDRESS	7224 HIDEAWAY TRAIL NEW PORT RICHEY FL		1.3 STREET ADDRESS	7227 OFTER CREEK	Diene
CITY-ST-ZIP	STD	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE	NEW PORT Richey	Change Addition
NAME	PARKINSON, CAROLE	LES DECENE	2.2 NAME	Similar of Life Alike	متعد
STREET ADDRESS	7232 OTTER CREEK DR.		2.3 STREET ADDRESS	GOOL HINDONIAN TO	
CiTY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-ST-ZIP	1301 HIDERWAY TR	7kin
TITLE	D	DELETE	3 1 TITLE	D	Change Addition
NAME (WEAVER, RENEE		3.2 NAME	ZOLTAN MAYER	
STREET ADDRESS	7204 HIDEAWAY TRAIL		3.3 STREET ADDRESS	17325 HIDERWAY TRAI	/
CITY-ST-ZIP	NEW PORT RICHEY FL	T OFFETTE	3.4. C(TY-ST-Z(P	ZOTTAN MAYER 7325 HIDERWAY TRAI NEW FORT LICKEY	Change Addition
TILLE		L) DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET AUDRESS		
CITY-ST ZIP		☐ DELETE	5.1 TITLE		Change Addition
NAME		 "	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS)
CHY-SI-ZIF			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS	1	
CITY - ST - 2:F			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.

SIGNATURE: