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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11894** (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**7227 OTTER CREEK DR  
NEW PORT RICHEY FL 34655  
US**

**7227 OTTER CREEK DR  
NEW PORT RICHEY FL 34655  
US**



3. Date Incorporated or Qualified

**11/04/1985**

4. FEI Number

**59-2854416**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 7227 Otter Creek Dr**  
Suite, Apt. #, etc.

**26 7227 Otter Creek Dr**  
Suite, Apt. #, etc.

City & State

City & State

**23 New Port Richey FL**  
Zip Country

**28 New Port Richey FL**  
Zip Country

**24 34655**

**25 USA**

**29 34655**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RINALDI, RALPH  
7227 OTTER CREEK DRIVE  
NEW PORT RICHEY FL 34655**

81 Name

**Ralph Rinaldi**

82 Street Address (P.O. Box Number is Not Acceptable)

**7227 Otter Creek Drive**

83

84 City

**New Port Richey**

**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

**Ralph Rinaldi**

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/16/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
RINALDI, RALPH  
7227 OTTER CREEK DRIVE  
NEW PORT RICHEY FL**

TITLE ☐ DELETE

**STD  
SINGALLIANO, SCOTT  
7301 HIDEAWAY TRAIL  
NEW PORT RICHEY FL**

TITLE ☐ DELETE

**D  
MAYER, ZOLTON  
7325 HIDEAWAY TRAIL  
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 an attachment with an address.

SIGNATURE:

**Ralph Rinaldi** **5/16/98**

CR2E037 (10/97)