FILED
Jul 25, 2001 8:00 am
Secretary of State
07-10-2001 90130 040 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11894

1. Entity Name: NATURE'S HIDEAWAY PHASE 1A HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7227 OTTER CREEK DRIVE NEW PORT RICHEY, FL 34655 US	7227 OTTER CREEK DRIVE NEW PORT RICHEY, FL 34655 US

10337 [redacted]

2. Principal Place of Business	3. Mailing Address
SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE

59.7544/6

Zip | Country | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required | ☐ Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RALPH RINALDI 7227 OTTER CREEK DRIVE NEW PORT RICHEY, FL 34655	LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

City: FL | Zip Code

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.

SIGNATURE: Lennard A. Leighton — 6/14/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RALPH RINALDI 7227 OTTER CREEK DRIVE NEW PORT RICHEY, FL 34655	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TOM MORAN 7216 OTTER CREEK DRIVE NEW PORT RICHEY, FL 34655	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUCE BASAGIC 7328 OTTER CREEK DRIVE NEW PORT RICHEY, FL 34655	☐ Delete	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 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: Thomas Moran — 6/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #