

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90044 012 \*\*\*\*61.25

**DOCUMENT # N11894**

1. Entity Name

**NATURE'S HIDEAWAY PHASE IA HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765  
US**

Mailing Address

**2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2854416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 337-659y**

**LENNARD A LEIGHTON  
SEABOARD ARBORS MANAGEMENT  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	PRICE, HEATHER	7221 HIDEAWAY TRAIL	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
SD	MORGAN, TOM	7226 OTTER CREEK DR	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	BASAGIC, BRUCE	7328 OTTER CREEK DR	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Bruce Basagic*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #