


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90268 027 ****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 STERLING MANAGEMENT 2880 Scherer Dr. #840 St. Petersburg, FL 33716 PINGELAS		3. Mailing Address STERLING MANAGEMENT 2880 Scherer Dr. #840 St. Petersburg, FL 33716 PINGELAS																									
4. FEI Number 59-2854416		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A SEABOARD ARBORS MGMT. 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765		7. Name and Address of New Registered Agent Name: JOE CANTFRONE Street Address (P.O. Box Number is Not Acceptable): 1964 Bayshore Blvd. City: DUNEDIN FL Zip Code: 34698																									
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: <i>[Signature]</i> DATE: 4/4/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																									
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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: <i>[Signature]</i> Jeffrey A. Twiss <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/29/05 Daytime Phone #: 813-84-5029																									