

110: **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90100 044 \*\*\*\*61.25

**DOCUMENT # N11894**  
 1. Entity Name  
**NATURE'S HIDEAWAY PHASE IA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**STERLING MANAGEMENT** **STERLING MANAGEMENT**  
**2880 SCHERER DR #840** **2880 SCHERER DR #840**  
**SAINT PETERSBURG FL 33716** **SAINT PETERSBURG FL 33716**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
**Sterling Management Services**  
**2870 Scherer Drive N., Suite 100**  
**St. Petersburg, FL 33716**  
 Suite, Apt. #, etc. City & State  
**Sterling Management Services** **St. Petersburg, FL 33716**  
**2870 Scherer Drive N., Suite 100**  
**St. Petersburg, FL 33716**  
 City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)  
 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  
**CIANFRONT, JOE**  
**1964 BAYSHORE BLVD**  
**DUNEDIN FL 34698**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. 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, 2006**

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**

T NACCARATO, PAM 7312 HIDEAWAY TRAIL NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
P TWISS, JEFF 7329 OTTER CREEK DR. NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
S GIBILERO, SUSAN 7224 HIDEAWAY TRAIL NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
VP WOLLING, PAUL 7216 OTTER CREEK DR. NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jeffrey A. Twiss* **Jeffrey A. Twiss** 4/27/06 727-803-3398