

110 **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90001 001 ****61.25



DOCUMENT # N11894		1. Entity Name	
NATURE'S HIDEAWAY PHASE IA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
STERLING MGMT SRVS. 2870 SCHERER DR N STE 100 SAINT PETERSBURG FL 33716 US		STERLING MGMT SRVS. 2870 SCHERER DR N STE 100 SAINT PETERSBURG FL 33716 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CIANFRONT, JOE 1964 BAYSHORE BLVD DUNEDIN FL 34698		Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-2854416	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	
T NAME: NACCARATO, PAM STREET ADDRESS: 7312 HIDEAWAY TRAIL CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: TWISS, JEFF STREET ADDRESS: 7329 OTTER CREEK DR. CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: GIBILERO, SUSAN STREET ADDRESS: 7224 HIDEAWAY TRAIL CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: WOLLING, PAUL STREET ADDRESS: 7216 OTTER CREEK DR. CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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** 2/22/07 727-863-3398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #