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

DOCUMENT # N11894

1. Entity Name

NATURE'S HIDEAWAY PHASE IA HOMEOWNERS



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

Mar 08, 2007 8:00 am Secretary of State

FILED

ASSOCIATION, INC.

Principal Place of Business Mailing Address

2870 SCHE	ERLING MGMT SRVS. '0 SCHERER DR N STE 100 NT PETERSBURG FL 33716			LING MGMT SRVS SCHERER DR N S FPETERSBURG F	TE 100						
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Maili	Mailing Address			, reminer of		Even eien eien eien eien e		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1st MO	ORE CR2	E037 (10/06)		
City & State			City	City & State			4. FEI Number	9-2854416	j—i	pplied For	
Zip Country Z			Zip	p Country			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
	O. INGINE	and Address of Content	registeret	Ayem		Name	7. IVAINE AND AUG	ess of New Regist	ereu Agent		
					Name						
CIANFRONT, JOE 1964 BAYSHORE BLVD DUNEDIN FL 34698						Street Addro	Street Address (P.O. Box Number is Not Acceptable)				
וטט	NEDIN FL	34090				City			Zip Coo	to	
						<i>,</i>			FL Zip Coo	~	
the obligat	tions of registe	red agent.					gistered agent, or both, in		T ATT IATTRIAT WILL	and accept	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007				9. Election Campaign Financing \$5.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees		heck Payable epartment of		
10. OFFICERS AND DIRECTO					11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS IN	J 10	
TITLE	Т			☐ Delele	1010		·		☐ Change	Addition	
NAME	NACCARAT	O. PAM			NAME	:					
STREET ADDRESS 7312 HIDEAWAY TRAIL					STREE	1 ADDRESS					
CITY-ST-ZIP	NEW PORT	RICHEY FL 34655			CITY	S1-7IP					
TITLE	Р										
NAME				☐ Doloto	1101			<u></u>	[m] Change	☐ Addition	
	TWISS IFF	F		☐ Delete	TITLE	F			☐ Change	Addition	
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	7329 OTTE	R CREEK DR.		☐ Delete	NAME STREE				☐ Change	Addilion	
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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: Juffer A ATW SIGNING OFFICER OR DIRECTOR