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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90015 035 ****61.25

DOCUMENT # N11894						
1. Entity Name NATURE'S HIDEAWAY PHASE IA HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business STERLING MGMT SRVS. 2870 SCHERER DR N STE 100 SAINT PETERSBURG, FL 33716 US			Mailing Address 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	
4. FEI Number 59-2854416				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CIAFRONE, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		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		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NACCARATO, PAM		NAME			
STREET ADDRESS	7312 HIDEAWAY TRAIL		STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TWISS, JEFF		NAME			
STREET ADDRESS	7329 OTTER CREEK DR.		STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBILERO, SUSAN		NAME			
STREET ADDRESS	7224 HIDEAWAY TRAIL		STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLLING, PAUL		NAME			
STREET ADDRESS	7216 OTTER CREEK DR.		STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 				3/27/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		