

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11894

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** NATURE'S HIDEAWAY PHASE 1A HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

STERLING MGMT SRVS.  
2870 SCHERER DR N STE 100  
SAINT PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

STERLING MGMT SRVS.  
2870 SCHERER DR N STE 100  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 59-2854416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CIANFRONT, JOE  
1964 BAYSHORE BLVD  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

CIANFRONE, JOE  
1964 BAYSHORE BLVD  
DUNEDIN, FL 34698 US

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.

SIGNATURE: JOE CIANFRONE

03/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TWISS, JEFF  
Address: 7329 OTTER CREEK DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP ( ) Delete  
Name: WOLLING, PAUL  
Address: 7216 OTTER CREEK DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WOLLING, PAUL  
Address: 7216 OTTER CREEK DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP (X) Change ( ) Addition  
Name: WHORF, RONALD  
Address: 7320 OTTER CREEK DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Change (X) Addition  
Name: BASAGIC, BRUCE  
Address: 7328 OTTER CREEK DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WOLLING

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date