

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11894

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

6014 US HWY 19 N  
504  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

6014 US HWY 19 N  
STE 100  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

6014 US HWY 19 N  
504  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

6014 US HWY 19 N  
STE 100  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-2854416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, HELEN  
6014 US HWY 19  
504  
NEW PORT RICHEY, FL 34652 US

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

KELLEY, HELEN  
6014 US HWY 19  
STE 100  
NEW PORT RICHEY, FL 34652 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: HELEN KELLEY

03/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BORN, PATRICIA  
Address: 6014 US HWY 19, SUITE 100  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DVP  
Name: SINIGALLIANO, JANET  
Address: 6014 US HWY 19, SUITE 100  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DST  
Name: VAN FOSSEN, KELLY  
Address: 6014 US HWY 19, SUITE 100  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: HELEN KELLEY

MGR

03/26/2012

Electronic Signature of Signing Officer or Director

Date