

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

DOCUMENT # N15573

1. Entity Name

HIDEAWAY FARMS SUBDIVISION HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2 E. RYAN RD.
HAVANA FL 32333

2 E. RYAN RD.
HAVANA FL 32333

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

KNOWLES, KENNETH
2 EAST RYAN ROAD
HAVANA FL 32333

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KNOWLES, KENNETH
STREET ADDRESS 2 EAST RYAN ROAD
CITY-STATE-ZIP HAVANA FL 32333

TITLE VD ☐ Delete
NAME MCDEARMID, ALAN
STREET ADDRESS 76 E. KELLY RD
CITY-STATE-ZIP HAVANA FL 32333

TITLE S ☐ Delete
NAME FREEMAN, ROBERTA
STREET ADDRESS 78 E. RYAN RD
CITY-STATE-ZIP HAVANA FL 32333

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000657386
03/14/07-80067-003 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Kenneth Knowles

03-05-07 (850) 539-1741

FILED
Mar 06, 2007 08:00 A
Secretary of State



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2764854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent