

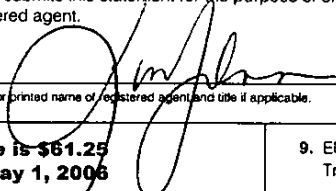
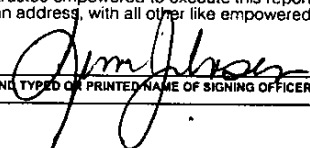


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 019 ****61.25

DOCUMENT # N16482 1. Entity Name NATURE'S HIDEAWAY PHASE IB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % COMMUNITY MANAGEMENT SERVICES, INC. 5690 US 19 SUITE E NEW PORT RICHEY, FL 34652 US			Mailing Address % COMMUNITY MANAGEMENT SERVICES, INC. 5690 US 19 SUITE E NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business 5609 US 19 Suite, Apt. #, etc. Suite E City & State New Port Richey, FL Zip 34652		3. Mailing Address 5609 US 19 Suite, Apt. #, etc. Suite E City & State New Port Richey, FL Zip 34652			
01092006 Chg-NP CR2E037 (11/05)		4. FEI Number 59-2861533		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 COMMUNITY MGMT SERVICES, INC. 8056 OLD CR 54 NEW PORT RICHEY, FL 34653			
7. Name and Address of New Registered Agent Name Community Management Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Suite E City New Port Richey FL Zip Code 34652		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.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 3/27/06	
Filing Fee is \$61.25 Due by May 1, 2006		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 PD NAME GRACE, KRISTY STREET ADDRESS 7000 HUMMINGBIRD LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE VPD NAME Anthony Varona STREET ADDRESS 7237 Hummingbird Ln. CITY-ST-ZIP New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME GLEASON, MAUREEN STREET ADDRESS 7233 HUMMINGBIRD LN. CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Ed Grace STREET ADDRESS 7000 Hummingbird Ln. CITY-ST-ZIP New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PERTLE, DOUG STREET ADDRESS 7215 HUMMINGBIRD LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE D NAME Scott Barbour STREET ADDRESS 7242 Hummingbird Ln. CITY-ST-ZIP New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME ARMSTRONG, KATHY STREET ADDRESS 7012 HUMMINGBIRD LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/27/06 Daytime Phone # 9078167900					