


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90014 018 \*\*\*\*61.25

<b>DOCUMENT # N16482</b> 1. Entity Name NATURE'S HIDEAWAY PHASE IB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5609 US 19 STE E NEW PORT RICHEY, FL 34652 US			Mailing Address 5609 US 19 STE E NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box # <b>5609 US 19</b> Suite, Apt. #, etc. <b>Suite E</b> City & State <b>New Port Richey</b> Zip <b>34652</b> Country <b>USA</b>		3. Mailing Address <b>5609 US 19</b> Suite, Apt. #, etc. <b>Suite E</b> City & State <b>New Port Richey</b> Zip <b>34652</b> Country <b>USA</b>			
6. Name and Address of Current Registered Agent COMMUNITY MGMT SERVICES, INC. 5609 US 19 STE E NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name <b>Community Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>5609 US 19</b> <b>Suite E</b> City <b>New Port Richey</b> FL Zip Code <b>34652</b>	
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 _____ <b>Agent</b> _____ <b>4/18/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACE, KRISTY 7000 HUMMINGBIRD LANE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Varona, Tony 7237 Hummingbird Ln. New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRACE, ED 7000 HUMMINGBIRD LN NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, BARBOUR 7242 HUMMINGBIRD LN 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	SD ARMSTRONG, KATHY 7012 HUMMINGBIRD LANE 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	<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	<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: _____ <b>Grace</b> _____ <b>500 April 07</b> <b>727</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					