

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16482

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

5837 TROUBLE CREEK RD
STE E
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 26-2818360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUDE CREEK RD.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAME W HART JR

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARONA, TONY
Address: 7237 HUMMINGBIRD LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: BARBOUR, SCOTT
Address: 7242 HUMMINGBIRD LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: SCOTT, BARBOUR
Address: 7242 HUMMINGBIRD LN
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete
Name: ARMSTRONG, KATHY
Address: 7012 HUMMINGBIRD LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V (X) Delete
Name: VARONA, TONY
Address: 7237 HUMMINGBIRD LN.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T (X) Delete
Name: MAGUIRE, KATHLEEN
Address: 7238 HUMMINGBIRD LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VARONA, TONY
Address: 7237 HUMMINGBIRD LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD (X) Change () Addition
Name: NASH, MIKE
Address: 2015 MACAW CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD (X) Change () Addition
Name: MAGUIRE, KATHLEEN
Address: 7238 HUMMINGBIRD LN
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD (X) Change () Addition
Name: SCHWAGER, LAURA
Address: 7127 HUMMINGBIRD LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TONY VARONA

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date