

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90280 004 ****70.00

DOCUMENT # N30023					
1. Entity Name NATURE'S HIDEAWAY PHASE IV HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O VIRGINIA PIERCE 2247 GROUND SQUIRREL DR NEW PORT RICHEY, FL 34655			Mailing Address C/O GAIL S FAWCETT 7553 SALAMANDER DR NEW PORT RICHEY, FL 34655 US		
2. Principal Place of Business C/O RICHARD BYFIELD		3. Mailing Address C/O TERI CARTER			
Suite, Apt. #, etc. 2065 GROUND SQUIRREL DR		Suite, Apt. #, etc. 2035 GROUND SQUIRREL DR		04222005 Chg-NP CR2E037 (10/03)	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL		4. FEI Number 59-3050851	
Zip 34655		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAWCETT, GAIL S 7553 SALAMANDER DR NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name: TERI CARTER Street Address (P.O. Box Number is Not Acceptable): 2035 GROUND SQUIRREL DR City: NEW PORT RICHEY FL Zip Code: 34655		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-21-05 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PIERCE, VIRGINIA STREET ADDRESS 2247 GROUND SQUIRREL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE PD NAME BYFIELD, RICHARD STREET ADDRESS 2065 GROUND SQUIRREL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME GAGGELL, HARVEY STREET ADDRESS 7541 SALAMANDER DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE VD NAME MUSGRAVE, GREG STREET ADDRESS 2048 GROUND SQUIRREL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME O'CONNELL, ROBERT STREET ADDRESS 7536 SALAMANDER DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE TD NAME FANDRICK, RON STREET ADDRESS 2224 GROUND SQUIRREL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME FAWCETT, GAIL S STREET ADDRESS 7553 SALAMANDER DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE SD NAME CARTER, TERI STREET ADDRESS 2035 GROUND SQUIRREL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE REPD NAME DANGOND, VICTOR STREET ADDRESS 2049 GROUND SQUIRREL DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE REPD NAME DENAYER, PIERRE STREET ADDRESS 2225 GROUND SQUIRREL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: 4/21/05 782-372-2851 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					