


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90017 009 \*\*\*\*61.25

<b>DOCUMENT # N31399</b> 1. Entity Name <b>NATURE'S HIDEAWAY MASTER ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7429 SWAN LAKE DRIVE NEW PORT RICHEY, FL 34655 US</b>	Mailing Address <b>1324 SEVEN SPRINGS BLVD MB 120 NEW PORT RICHEY, FL 34655 US</b>
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2. Principal Place of Business <b>7542 SALAMANDER DR.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State <b>NEW PORT RICHEY, FL</b>	City & State
Zip <b>34655</b>	Country <b>PASCO</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BURKE, KENNETH 7429 SWAN LAKE DRIVE NEW PORT RICHEY, FL 34655</b>	
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7. Name and Address of New Registered Agent	
Name <b>PAULINE NIGELS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7542 SALAMANDER DR</b>	
City <b>NEW PORT RICHEY FL</b>	Zip Code <b>34655</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 Pauline Nigels **PAULINE NIGELS** **PRESIDENT** Jan 25, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T BONCHI, ROBIN 2216 MOON SHADOW RD NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NIGELS, PAULINE 7542 SALAMANDER DR NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BURKE, KENNETH 7429 SWAN LAKE DRIVE NEW PORT RICHEY, FL 34655</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS OSIPON, TAMARA 7327 SWAN LAKE NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRICE, HEATHER C 7221 HIDEAWAY TRAIL NEW PORT RICHEY, FL 34655</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT PAULINE NIGELS, PAULINE 7542 SALAMANDER DR. NEW PORT RICHEY, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY OSIPOV, TAMARA 7327 SWAN LAKE NEW PORT RICHEY, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT SINGER, STEPHEN 7131 HUMMINGBIRD LANE NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:** Pauline Nigels **PAULINE NIGELS** 1/25/05 727/372-1091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #