


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 006 ****61.25

DOCUMENT # N31399 1. Entity Name NATURE'S HIDEAWAY MASTER ASSOCIATION, INC.					
Principal Place of Business 7542 SALAMANDER DR NEW PORT RICHEY, FL 34655 US			Mailing Address 1324 SEVEN SPRINGS BLVD MB 120 NEW PORT RICHEY, FL 34655 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NIGELS, PAULINE 7542 SALAMANDER DR NEW PORT RICHEY, FL 34655			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Pauline Nigels</i></u> PAULINE NIGELS, PRESIDENT <u>2/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	T	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONCHI, ROBIN		NAME	SUSAN HENDRICK	
STREET ADDRESS	2216 MOON SHADOW RD		STREET ADDRESS	7124 OTTER CREEK DR.	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655		CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIGELS, PAULINE		NAME		
STREET ADDRESS	7542 SALAMANDER DR		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSIPOV, TAMARA		NAME	TAMARA OSIPOV	
STREET ADDRESS	7327 SWAN LAKE		STREET ADDRESS	7327 SWAN LAKE	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655		CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGER, STEPHEN		NAME		
STREET ADDRESS	7131 HUMMINGBIRD LANE		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u><i>Pauline Nigels</i></u> , PAULINE NIGELS, PRESIDENT <u>2/28/06</u> <u>721/312-1091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					