

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31399

FILED
Jan 09, 2009
Secretary of State

Entity Name: NATURE'S HIDEAWAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7542 SALAMANDER DR
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

1324 SEVEN SPRINGS BLVD
MB 120
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 26-2225748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NIGELS, PAULINE
7542 SALAMANDER DR
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BONCHI, ROBIN
Address: 2216 MOON SHADOW RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: P () Delete
Name: NIGELS, PAULINE
Address: 7542 SALAMANDER DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: OSIPOV, TAMARA
Address: 7327 SWAN LAKE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: HENDRICK, SUSAN
Address: 7124 OTTER CRK DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: VARONA, ANTHONY M JR
Address: 7237 HUMMINGBIRD LN
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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: ROBIN BONCHI

T

01/09/2009

Electronic Signature of Signing Officer or Director

Date