

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31399

FILED
Feb 05, 2011
Secretary of State

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

Current Principal Place of Business:

7324 HIDEAWAY TRAIL
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

7324 HIDEAWAY TRAIL
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
Name: BONCHI, ROBIN
Address: 2216 MOON SHADOW RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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

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

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

Title: VP
Name: BORN, PATRICIA
Address: 7313 HIDEAWAY TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D L
Name: COMITO, SEAN
Address: 7204 OTTER CREEK DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: ROBIN BONCHI

T

02/05/2011

Electronic Signature of Signing Officer or Director

Date