

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49882 (6)

1. Corporation Name

HIDEAWAY WOODS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**ONE SAN JOSE PLACE
SUITE 7
JACKSONVILLE FL 32257**

**ONE SAN JOSE PLACE
SUITE 7
JACKSONVILLE FL 32257**

2. Principal Place of Business

2a. Mailing Address

21 3948 Sunbeam Road

26 3948 Sunbeam Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 8

27 Suite 8

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32257

25 Duval

29 32257

30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, V. HAWLEY, JR.
ONE SAN JOSE PLACE
SUITE 7
JACKSONVILLE FL 32257**

81 Name

Glenis L. Harrell Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

3948 Sunbeam Road

83

Suite 8

84 City

Jacksonville

FL

85 Zip Code
32257

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Glenis L. Harrell, Jr.

3/7/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **SMITH, V. HAWLEY, JR**
STREET ADDRESS **2767 FOREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☒ DELETE
NAME **SOUTHWELL, M J**
STREET ADDRESS **11114 ZEPHYR WAY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☒ DELETE
NAME **DUNGEY, MARY L**
STREET ADDRESS **2200 HAMMOCK OAKS DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Glenis L Harrell Jr.**
1.3 STREET ADDRESS **12898 Fernbank Lane**
1.4 CITY-ST-ZIP **Jacksonville, FL 32223**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **William J. Youker**
2.3 STREET ADDRESS **1293 Creek Bend Road**
2.4 CITY-ST-ZIP **Jacksonville, FL 32259**

3.1 TITLE **STD** ☐ Change ☒ Addition
3.2 NAME **Paula D. Harrell**
3.3 STREET ADDRESS **12898 Fernbank Lane**
3.4 CITY-ST-ZIP **Jacksonville, FL 32223**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/96 (904) 268-5518

Date

Daytime Phone #

CR2E037 (12/95)