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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
2948 SUNBEAM RD STE 8 JACKSONVILLEF L 32257 US	3948 SUNBEAM RD STE 8 JACKOSNVILLE FL 32257-7500 US

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business	2a. Mailing Address
21 9609 Pritmore Rd.E	26 9609 Pritmore Rd E
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville,FL	City & State 28 Jacksonville,FL
Zip / Country 24 32257 / 25 USA	Zip / Country 29 32257 / 30 USA

4. FEI Number: 59-3147468 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRELL, GLENIS L JR 3948 SUNBEAM RD STE 8 JACKSONVILLE FL 32257	81 Name: William Mock 82 Street Address (P.O. Box Number is Not Acceptable): 9668 Pritmore RD E 83 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] William Mock, Pres/Director
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Pres. & Director	☒ Change ☐ Addition
NAME	HARRELL, GLENIS L JR		1.2 NAME	William Mock	
STREET ADDRESS	12898 FERNBANK LANE		1.3 STREET ADDRESS	9668 Pritmore Rd E	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VD	☒ DELETE	2.1 TITLE	VP & Director	☒ Change ☐ Addition
NAME	YOUKER, WILLIAM J		2.2 NAME	Scott Hurst	
STREET ADDRESS	1293 CREEK BEND RD		2.3 STREET ADDRESS	9633 Pritmore Rd.E	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville,FL 32257	
TITLE	STD	☒ DELETE	3.1 TITLE	Secy & Director	☒ Change ☐ Addition
NAME	HARRELL, PAULA D		3.2 NAME	Curtis Woodward	
STREET ADDRESS	12898 FERNBANK LANE		3.3 STREET ADDRESS	9618 Pritmore Rd E	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville,FL 32257	
TITLE		☐ DELETE	4.1 TITLE	Treas. & Director	☐ Change ☒ Addition
NAME			4.2 NAME	Ursula I. Perkins	
STREET ADDRESS			4.3 STREET ADDRESS	9609 Pritmore Rd.E	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville,FL 32257	
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME			5.2 NAME	Steven Schafer	
STREET ADDRESS			5.3 STREET ADDRESS	9634 Pritmore Rd.E	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville,FL 32257	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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] William Mock, Pres/Director 904-260-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008896