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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
9609 PRITMORE ROAD E. ~~STE 6~~ JACKSONVILLE FL 32257 US	~~3948 SUNBEAM RD~~ ~~STE B~~ ~~JACKOSNVILLE FL 32257~~ US

3. Date Incorporated or Qualified: 07/15/1992

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOCK, WILLIAM 9668 PRITMORE ROAD E. ~~[illegible]~~ JACKSONVILLE FL 32257	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, President/Director 2/16/98
(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		☐ Change ☐ Addition
NAME	MOCK, WILLIAM		1.2 NAME		
STREET ADDRESS	9668 PRITMORE ROAD E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HURST, SCOTT		2.2 NAME		
STREET ADDRESS	9633 PRITMORE ROAD E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOODWARD, CURTIS		3.2 NAME		
STREET ADDRESS	9618 PRITMORE ROAD E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, URSULA I		4.2 NAME		
STREET ADDRESS	9609 PRITMORE ROAD E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHAFER, STEVEN		5.2 NAME		
STREET ADDRESS	9634 PRITMORE ROAD E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Louis Smith	☐ Change ☒ Addition
NAME			6.2 NAME	9676 Pritmore Rd E	Director
STREET ADDRESS			6.3 STREET ADDRESS	Jacksonville, FL 32257	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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, President/Director 260-3337