2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State

DOCUMENT # N49882 1. Entity Name HIDEAWAY WOODS OWNERS ASSOCIATION, INC.					02-08-2006 90	003 015 ****61.25	5	
Principal Place of Business 9609 PRITMORE ROAD E. JACKSONVILLE, FL 32257 US Mailing Address 9609 PRITMORE ROAD E. JACKSONVILLE, FL 32257				1,04,00	, 15 Girla 16161 (sirt 1816 (di diak bibli desk dibk bibli bibli bib	ika s i sa kasi	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162006	Chg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Num 59-31			oplied For	
Zip Country		Zip	Country	5. Certificat	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New	Registered Agent		
MCKINNEY, RON 9609 PRITMORE ROAD E. JACKSONVILLE, FL 32257			Street A	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	le	
	named entity submits this statement follows of registered agent.	or the purpose of changing its r	egistered office o	r registered agent, or b		Z. 6. Z.O.		
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signal	(ure required when reinstating)		DATE		
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Ci	paign Financing	\$5.00 May Added to Fee	Be	DATE Make check payable t prida Department of S	10	
10.	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing	S5.00 May Added to Fee	Be Fig	DATE Make check payable t	io itate	
	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DE P MCKINNEY, RON 9609 PRITMORE RD E.	9. Election Cam Trust Fund Co	paign Financing ontribution.	S5.00 May Added to Fee ADDITIONS/C AFAT LA OMAY M 4021 Horn	Be Flo s Flo HANGES TO OFFIC RGF OT FOT ELL ES DUT 2	Make check payable to trida Department of S ERS AND DIRECTORS IN Change	itate N 10 Addition	
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• I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kon McKinney

2-6-2006

Caytime Phone #