


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90013 013 ****61.25

DOCUMENT # N49882 1. Entity Name HIDEAWAY WOODS OWNERS ASSOCIATION, INC.					
Principal Place of Business 9609 PRITMORE ROAD E. JACKSONVILLE, FL 32257 US			Mailing Address 9609 PRITMORE ROAD E. JACKSONVILLE, FL 32257 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3147468	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCKINNEY, RON 9609 PRITMORE ROAD E. JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name <u>David Water</u> Street Address (P.O. Box Number is Not Acceptable) <u>9634 Pritmore Rd E</u> City <u>Jacksonville</u> FL <u>32257</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKINNEY, RON 9609 PRITMORE RD E. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Richard Witowski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4005 Moresburg Ct Jacksonville FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOCK, SUE 9668 PRITMORE RD E JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WATER, DAVID 9609 PRITMORE ROAD E. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Water <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9634 Pritmore Rd E Jacksonville FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDEZ, CHRISTAN 9692 PRITMORE RD E JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MARTORELL, OMAR 4021 HOESBURG CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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: <u>David Water</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/16/07 <small>Date</small>		904-292-9490 <small>Daytime Phone #</small>