

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N49882

1. Entity Name
HIDEAWAY WOODS OWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 18 AM 11:42

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 #

Remains the same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3147468

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

WATER, DAVID
9634 PRITMORE RD E
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name *Ron McKinney*

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

9609 Pritmore Road E.

City *Jacksonville* FL Zip Code *32257*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE AT ☐ Delete
NAME WITOWSKI, RICHARD
STREET ADDRESS 4005 MORESBURG CT
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE T ☒ Delete
NAME MOCK, SUE
STREET ADDRESS 9668 PRITMORE RD E
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE P ☒ Delete
NAME WATER, DAVID
STREET ADDRESS 9634 PRITMORE RD E.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE AT ☒ Delete
NAME MARTORELL, OMAR
STREET ADDRESS 4021 HORESBURG CT
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☒ Addition
NAME Ron McKinney
STREET ADDRESS 9609 Pritmore Rd. E
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE T ☒ Change ☐ Addition
NAME Ruth Ducheny
STREET ADDRESS 9698 Pritmore Rd. E.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE S ☒ Change ☐ Addition
NAME Marci Larson
STREET ADDRESS 4013 Moresburg CT E
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VP ☒ Change ☐ Addition
NAME Roger Jordan
STREET ADDRESS 9610 Pritmore Rd.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition
NAME 100136245971
STREET ADDRESS 09/23/08--01014--006
CITY-ST-ZIP **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marci Larson *Marci Larson, Sec. 9-13-08 904-306-7513*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #