

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49882

FILED
Jul 12, 2009
Secretary of State

Entity Name: HIDEAWAY WOODS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9609 PRITMORE ROAD E.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

9609 PRITMORE ROAD E.
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3147468 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKINNEY, RON
9609 PRITMORE ROAD E.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKINNEY, RON
Address: 9609 PRITMORE ROAD E.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: T () Delete
Name: DUCHENY, RUTH
Address: 9668 PRITMORE ROAD E.
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: LARSON, MARCI
Address: 4013 MORESBURG CT E
City-St-Zip: JACKSONVILLE, FL 32257

Title: V () Delete
Name: JORDAN, ROGER
Address: 9610 PRITMORE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JORDAN, ROGER
Address: 9610 PRITMORE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: AT () Change (X) Addition
Name: WITOWSKI, RICHARD
Address: 4005 MORESBURG COURT
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCI LARSON

SEC

07/12/2009

Electronic Signature of Signing Officer or Director

Date