

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90402 036 ****61.25

DOCUMENT # N97000003551

1. Entity Name

NATURE'S HIDEAWAY HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

2625 NATURES WAY
PALM BEACH GARDENS FL 33410
US

Mailing Address

2625 NATURES WAY
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

2595 Natures Way

3. Mailing Address

2595 Natures Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33410

Country

Palm

Zip

33410

Country

Palm

4. FEI Number

65-0822444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWEN, FRANK
2605 NATURES WAY
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	OWEN, FRANK	<input checked="" type="checkbox"/> Change
STREET ADDRESS	2605 NATURES WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	FRISBEE, EDWARD	<input checked="" type="checkbox"/> Change
STREET ADDRESS	2635 NATURES WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, JO ANN	
STREET ADDRESS	2625 NATURES WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAUCHICK, CY	
STREET ADDRESS	2560 NATURES WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DULMAN, DAVID	
STREET ADDRESS	2565 NATURES WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ellen Hayes	<input checked="" type="checkbox"/> Add
STREET ADDRESS	2575 Natures Way	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tommy Hayes	
STREET ADDRESS	2595 Natures Way	
CITY-ST-ZIP	33410 FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Copeland	
STREET ADDRESS	2600 Natures Way	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-04

561-630-1971