## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

1861 PLACIDA ROAD

ENGLEWOOD FL 34223



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$18298

(7)

Mailing Address

1861 PLACIDA ROAD ENGLEWOOD FL 34223-4949

2a. Mailing Address

HIDEAWAY BAY PROPERTIES, INC.

	Aug 15 1 Secreta		7 8:00an of State			
	Scoreta	. <b>1</b>	or State			
١.	Date Incorporated or Qualified 12/13/1990	3a. Date of Last Report 03/06/1996				
ī.	FEI Number 65-0311293	<del></del> ;	Applied For Not Applicable			
	Certificate of Status Desired		\$8.75 Additional Fee Required			
i.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
١.	This corporation has liability for a Florida Statutes	Yes	□ No			
D.	Name and Address of New Re	gistered	Agent			
(F	O. Box Number is Not Acceptab	ole)				
_		FL	85 Zip Code			

**FILED** 

NAME   BATSEL, C GUY   12 NAME   1.3 SIREET ADDRESS   204   1.3 SIREET ADDRESS   205   2	21		26				0070011280		[No	of Applicable	
City & State    City & State	<del></del>	ot. #, etc.	<del>                                     </del>				5. Certificate of Status Desired				
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Zip   Country   Zip   Country   Zip   So   So   So   So   So   So   So   S		ale	·				,	П			
BATSEL, C GUY 1881 PLACIDA RD. 204 ENGLEWOOD 34223  1982 Sirrent Address (P.O. Biox Number is Not Acceptable)  1983 Placing and Address of Current Registered Agent  1984 PLACIDA RD. 204 ENGLEWOOD 34223  1985 Sirrent Address (P.O. Biox Number is Not Acceptable)  1985 Zip Code  11. Pursuant to the provisions of Sections 607 0562 and 607 1509, Florida Statutes, the above named composition submits this statement for the purposes of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0509, Florida Statutes, the above named composition submits this statement for the purposes of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0509, Florida Statutes, the above named composition submits this statement for the purposes of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0509, Florida Statutes, the above named composition submits this statement for the purposes of changing its registered agent age		Country			intra	<del></del>	<del> </del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
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BBY PLACIDA RD. 204 ENGLEWOOD 34223  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City FL 85 Zip Code  T1. Pursuant to the provisions of Soctions 607.0502 and 607 1508. Florists Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florists Statutes.  SIGNATURE  By City FL 85 Zip Code  T1. Pursuant to the provisions of Soction 607.0505, Florists Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florists Statutes.  SIGNATURE  By City FL 85 Zip Code  T1. Title DP DELETE 1. Title D	54	<del></del>	TR Hogistered Agent		81	Name	TO. Hame and Address of New A	Mistaion	Sour		
204 ENGLEWOOD 34223  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes. the abovernamed corporation submits this statement for the purpose of changing its registered agent. I am flamiliar with, and accept the obligations of Section 607 0505, Florids Statutos.  SIGNATURE Signature, lygorid previous disprete and five flagets able.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE BATSEL, C QUY 1.3 STREET ADDRESS  CITY-51-2P  TITLE DVP DELETE 2.3 STREET ADDRESS  CITY-51-2P  TITLE DS DSVERT-JOHNER  DSVERT-JOHNER DSVERT-				i	"	Name					
ENGLEWOOD 34223    63							ss (P.O. Box Number is Not Accepta	ble)			
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Elevida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or the claim of froncids. Such changes was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, term familiar with, and accept the obligations of, Section 607 0505, Florida Statutus.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. THE  BATSEL, C GUY  1.2 NAME  BATSEL, C GUY  1.3 SIRET ADDRESS  OITY-ST-2P  ROBLEWOOD FL  1.5 THE  DR. SETZ, WILLIAM T.  DAMIFICARE STREET  2.3 SIRET ADDRESS  OITY-ST-2P  SETZ, WILLIAM T.  DAMIFICARE STREET  2.3 SIRET ADDRESS  OITY-ST-2P  TITLE  DR. SETZ, WILLIAM T.  DAMIFICARE STREET  3.3 SIRET ADDRESS  OITY-ST-2P  TITLE  DR. SETZ, WILLIAM T.  DAMIFICARE STREET  3.3 SIRET ADDRESS  OITY-ST-2P  TITLE  DR. SETZ, WILLIAM T.  DELETE  3.1 THIE  3.2 NAME  3.3 SIRET ADDRESS  OITY-ST-2P  TITLE  NAME  SIRET ADDRESS  OITY-ST-2P  TITLE  DR. SETZ, WILLIAM T.  DELETE  3.1 THIE  3.2 NAME  3.3 SIRET ADDRESS  OITY-ST-2P  TITLE  STREET ADDRESS  OITY-ST-2P  TITLE  DR. SETZ, WILLIAM T.  DELETE  3.1 THIE  3.2 NAME  3.3 SIRET ADDRESS  OITY-ST-2P  TITLE  3.3 SIRET ADDRESS  OITY-ST-2P  TITLE  3.4 CITY-ST-2P  TITLE  3.5 TREET ADDRESS  OITY-ST-2P  TITLE  3.5 TREET ADDRESS		-									
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14. I do 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	CITY-\$T-ZIP										
The first transfer of	14. I do her	reby certify that the information suppli	ed with this filing does not oua				in Section 119.07(3)(i), Florida Statuti	es. I further	certify that	the	

4.

appears in Block 12 or Block 13 if changed,

SIGNATURE: