

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

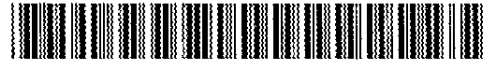
DOCUMENT # S67775

1. Entity Name
HIDEAWAY BAY APARTMENTS, INC.



Principal Place of Business
**30 ST. CLAIR AVENUE WEST, SUITE 1100
TORONTO
ONTARIO, CANADA M4V3A1,**

Mailing Address
**30 ST. CLAIR AVENUE WEST, SUITE 1100
TORONTO
ONTARIO, CANADA M4V3A1,**



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0119517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITAKER, COLE
800 N. MAGNOLIA AVENUE, SUITE 450
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

100000090224
03/17/04-80010-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MEDOFF, RONALD A. 30 ST. CLAIR AVE. W. ONTARIO, CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOFFER, MAYER 30 ST. CLAIR AVE. W. ONTARIO, CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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

Ronald Medoff

Mar 12/08

416-912-0458

Date

Daytime Phone #