

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V14558**

1. Entity Name  
HIDEAWAY BEACH, INC.



Principal Place of Business

1421 COURT ST  
#B  
CLEARWATER, FL 34616 US

Mailing Address

2100 W. BAY DR.  
LARGO, FL 33770 US



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3151857

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HERSEM, THOMAS G  
1421 COURT ST  
#B  
CLEARWATER, FL 34616

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	DIMARIA, VINCENT
STREET ADDRESS	105 PITTFIELD RD
CITY-ST-ZIP	SCARBOROUGH, ON
TITLE	D
NAME	DIMARIA, GIUSEPPINA
STREET ADDRESS	105 PITTFIELD RD
CITY-ST-ZIP	SCARBOROUGH, ON
TITLE	PTD
NAME	DIMARIA, AGOSTINO
STREET ADDRESS	33 REDBUD CRESCENT
CITY-ST-ZIP	TORONTO, ON M1S3X6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000570499  
07/17/06-80004-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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

Date

Daytime Phone #

X June 10/06 X 416-2979833