SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:20

DOCUMENT # **V32634** **(0)**

1. Corporation Name

HIDEAWAY BAY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
12000 PLACIDA ROAD CAPE HAZE FL 33946	12000 PLACIDA ROAD CAPE HAZE FL 33946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0331368	Applied For / Not Applicable
5. Certificate of Status Desired: ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
7. Principal Place of Business: 21 / 22 / 23 / 24 / 25	8. Mailing Address: 26 / 27 / 28 / 29 / 30
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

BATSEL, C. GUY
% BATSEL MCKINLEY & ITTERSAGEN P.A.
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1005 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, AND DELETIONS
TITLE: D NAME: BATSEL, C. GUY STREET ADDRESS: 1861 PLACIDA RD., #104 CITY-ST-ZIP: ENGLEWOOD FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: C Guy Batsel 6-23-95 6975995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
C GUY BATSEL

CR2E034 (3/95)

0163407 FP