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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V3263

(0)

HIDEAWAY BAY MANAGEMENT, INC.

(

Principal Place of Business Mailing Address

12000 PLACIDA ROAD 12000 PLACIDA ROAD

FILED Mar 31 1998 8:00am Secretary of State



12000 PLACIDA ROAD			12000 PLACIDA ROAD CAPE HAZE FL 33946			
CAPE HAZE FL 33946		UARE MAZE FL	UNIT TRACE FL 33990		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/30/1992	
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0331368	Not Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	¬ ′		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	· —		8. This corporation owes or has paid the current year Intanciple Personal Property Tax due June 30. Yes Y No	
24	25	29			Personal Property Tax due June 30. Yes M No 10. Name and Address of New Registered Agent	
	9. Name and Address of Cur	raur vañisrara viñeur	IV. HANNE BUIL AUGUSES OF THEM HOUSERIE	A UA0111		
BATSEL, C. GUY				1 Name		
% BATSEL MCKINLEY & ITTERSAGEN P.A.			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
1861 PLACIDA RD., SUITE 104			-	3		
ENG	BLEWOOD FL 34223		•]		
			8	4 City	F	85 Zip Code
44 Durancett	a the provisions of Continue CO7	0500 and 607 1609 Flor	ida Statutas, the she	vo named car	rporation submits this statement for the purpose	
office or re	o the provisions of Sections 607.9 e giste red agent, or both, in the St	iate of Florida. Such cha	nge was authorized	by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
office or registered agont, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		AND DIRECTORS	13.	Rour el Rusto, si ledi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D		DELETE 1.1 TITLE			☐ Change ☐ Addition
NAME	BATSEL, C. GUY		1.2 NAM			
STREET ADDRESS	1861 PLACIDA RD., #104			ET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY			
TITLE			DELETE 2.1 TITLE	1		☐ Change ☐ Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE			DELETE 3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST- ZIP		
TITLE			DELETE 4.1 TITLE			Change Addition
NAME			4. 2 NAN	IE		
STREET ADDRESS			4.3 STRE	et address		
CITY-ST-ZIP			4.4 C/TY	- ST - ZIP		
TITLE			DELETE 51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	et address		
CITY-ST-ZIP			5.4 DITY	-ST-ZIP		
TITLE			DELETE 6.1 TITLE			☐ Change ☐ Addition
NAME			6 2 NAM	E		
STREET ADDRESS			6.3 STAE	et address		
CITY-ST-ZIP			6.4 CITY			
14. I hereby c	ertify that the information supplie	d with this filing does no	t qualify for the exem	ption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual roport or 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 annual roport or supplied entail 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 if changed, or on fin attachment with an address.