

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734194

Entity Name: HIDEAWAY HARBOUR ASSOCIATION, INC.**Current Principal Place of Business:**12058 SAN JOSE BLVD.
SUITE 903
JACKSONVILLE, FL 32223**Current Mailing Address:**P.O. BOX 600333
JACKSONVILLE, FL 32260 US**FEI Number:** 59-1955611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT PARTNERS & ASSOCIATES, INC.
12058 SAN JOSE BLVD.
SUITE 903
JACKSONVILLE, FL 32223 US*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.***SIGNATURE:** ELAINE BROOKS**04/08/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ROWLAND, PETE
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

Title	VP
Name	CORNELIUS, BARBARA
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

Title	T
Name	OLIVER, JAN
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

Title	SECRETARY
Name	TROMBLY, MOLLIE
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	KINCHEN, MARY
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	ELLIS, SANDRA
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	DUARTE, DONNA
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	FEIGE, HERB
Address	P.O. BOX 600333
City-State-Zip:	JACKSONVILLE FL 32260

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETE ROWLAND**PRESIDENT****04/08/2025**

Electronic Signature of Signing Officer/Director Detail

Date