

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003551

**Entity Name:** NATURE'S HIDEAWAY HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

2595 NATURES WAY  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

2595 NATURES WAY  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 65-0822444

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FALCONE, PETER J  
2595 NATURES WAY  
PALM BEACH GARDENS, FL 33410 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GILBERT, IRWIN  
Address 2590 NATURES WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VD  
Name HABIB, GEORGE  
Address 2580 NATURES WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SD  
Name KAPLAN, LISA  
Address 2630 NATURES WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TD  
Name FALCONE, PETER J  
Address 2595 NATURES WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name MILLER, JEN  
Address 2570 NATURES WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: PETER J FALCONE**

**TREASURER**

**01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date