

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000058252

**Entity Name:** HIDEAWAY WATERFRONT RESORT CORP.

**Current Principal Place of Business:**

4601 SE 5TH AVE.  
CAPE CORAL, FL 33904

**Current Mailing Address:**

149 BROOKS RD  
NORTH FORT MYERS, FL 33917 US

**FEI Number:** 45-0562767

**Certificate of Status Desired:** No

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

MURNANE, MARK  
149 BROOKS RD.  
N.FT.MYERS, FL 33917 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           | P                   | Title           | VP                  |
| Name            | MURNANE, MARK       | Name            | MURNANE, LINDA      |
| Address         | 149 BROOKS RD.      | Address         | 149 BROOKS RD.      |
| City-State-Zip: | N.FT.MYERS FL 33917 | City-State-Zip: | N.FT.MYERS FL 33917 |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA MURNANE

**VICE PRESIDENT**

**01/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date