FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754370 (5)

1. Corporation Name
LEHIGH ACRES CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1110 HOMESTEAD RD LEHIGH ACRES FL 33970-7757 US	1110 HOMESTEAD RD P.O. BOX 757 LEHIGH ACRES FL 33970-7757 US

3. Date Incorporated or Qualified: 09/26/1980
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1731367 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDERSON JR., EUGENE W. 12501 GATEWAY GREENS DR., UNIT 323 FORT MYERS FL 33913	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 Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~HODDE, CHUCK~~	1.2 NAME	ANDERSON FRED J	
STREET ADDRESS	~~7468 LEE BLVD~~	1.3 STREET ADDRESS	1401 KIMDALE ST.	
CITY-ST-ZIP	~~LEHIGH ACRES FL~~	1.4 CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~MCWILLIAMS, JOHN~~	2.2 NAME	FORTANA JIM	
STREET ADDRESS	~~1400 HOMESTEAD RD~~	2.3 STREET ADDRESS	201 E. JOEL BLVD.	
CITY-ST-ZIP	~~LEHIGH ACRES FL~~	2.4 CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~WISEMAN, TONY~~	3.2 NAME	KANE JIM	
STREET ADDRESS	~~403C JOAN AVE~~	3.3 STREET ADDRESS	1360 HOMESTEAD RD.	
CITY-ST-ZIP	~~LEHIGH ACRES FL~~	3.4 CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	PED	4.1 TITLE	PED	☒ Change ☐ Addition
NAME	~~ANDERSON, FRED~~	4.2 NAME	MCWILLIAMS JOHN	
STREET ADDRESS	~~1401 KIMDALE ST.~~	4.3 STREET ADDRESS	1400 HOMESTEAD RD.	
CITY-ST-ZIP	~~LEHIGH ACRES FL~~	4.4 CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	MD	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, EUGENE W. JR	5.2 NAME		
STREET ADDRESS	12051 GATEWAY GREENS DR., UNIT 323	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E Anderson Jr 4/13/95 813-369-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugene W. Anderson Jr.

0261047

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FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754561** **(9)**

1. Corporation Name

HIDDEN WOODS OF DEER CREEK, INC.

Principal Place of Business	Mailing Address
207 DEER CREEK BLVD. DEERFIELD BEACH FL 33442	C/O LANG MANAGEMENT 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1980
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2040441 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
SUITE 200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	MCGEHEE, J.B.	1.2 NAME	Stephen P. Riggin
STREET ADDRESS	171 DEERK CREEK BLVD., SUITE 704	1.3 STREET ADDRESS	111 Deer Creek Blvd #102
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	STD	2.1 TITLE	SD ☐ Change ☐ Addition
NAME	ENGEL, JANE	2.2 NAME	Cathy Maiello
STREET ADDRESS	2953 VIA NAPOLI	2.3 STREET ADDRESS	123 Deer Creek Blvd #204
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	V	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	MAIELLO, VINCENT	3.2 NAME	Joan McCormick
STREET ADDRESS	123 DEER CREEK BLVD., SUITE 204	3.3 STREET ADDRESS	123 Deer Creek Blvd #207
CITY-ST-ZIP	DEERFIELD BCH FL	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, JASON	4.2 NAME	
STREET ADDRESS	6 MARWOOD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, JOHN	5.2 NAME	VP/D
STREET ADDRESS	23 SPRUCE ST.	5.3 STREET ADDRESS	Herbert Cohen
CITY-ST-ZIP	MALDEN MA	5.4 CITY-ST-ZIP	159 Deer Creek Blvd #508 Deerfield Beach, FL 33442
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

6019441