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FILED

**Jul 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 754561 (9)

1. Corporation Name

HIDDEN WOODS OF DEER CREEK, INC.



Principal Place of Business 207 DEER CREEK BLVD. DEERFIELD BEACH FL 33442	Mailing Address C/O LANG MANAGEMENT 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486 US
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3. Date Incorporated or Qualified 10/09/1980	4. FEI Number 59-2040441	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country
25. Country	2e. Zip
26. Country	2f. Zip

9. Name and Address of Current Registered Agent ISAACSON, WILLIAM K. 5295 TOWN CENTER RD. SUITE 200 BOCA RATON FL 33486	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BRENNAN, DR JOHN	1.1 TITLE ST	1.2 NAME Stevens, Rose Mary
STREET ADDRESS 279 DEERCREEK BLVD, 107	CITY-ST-ZIP DEERFIELD BEACH FL	1.3 STREET ADDRESS 135 Deer Creek Blvd #304	1.4 CITY-ST-ZIP Deerfield Beach, FL 33442
TITLE VPD	NAME STATHIS, CHRIS	2.1 TITLE SAME	2.2 NAME
STREET ADDRESS 171 DEERCREEK BLVD, 707	CITY-ST-ZIP DEERFIELD BEACH FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE ST	NAME FIGHTMASTER, BARKLEY	3.1 TITLE PD	3.2 NAME Fightmaster, Barkley
STREET ADDRESS 159 DEERCREEK LVD, 504	CITY-ST-ZIP DEERFIELD BCH FL	3.3 STREET ADDRESS 159 Deer Creek Blvd 504	3.4 CITY-ST-ZIP Deerfield Beach, FL 33442
TITLE D	NAME PIERCE, ROBERT	4.1 TITLE D	4.2 NAME Pontremoli, Charlie
STREET ADDRESS 297 DEERCREEK BVD, 1307	CITY-ST-ZIP DEERFIELD BEACH FL	4.3 STREET ADDRESS 245 Deer creek Blvd #1006	4.4 CITY-ST-ZIP Deerfield Beach, FL 33442
TITLE D	NAME MCRAN, JOHN	5.1 TITLE D	5.2 NAME Totten, George
STREET ADDRESS 171 DEERCREEK BLVD, 706	CITY-ST-ZIP DEERFIELD BCH FL	5.3 STREET ADDRESS 183 Deercreek Blvd #604	5.4 CITY-ST-ZIP Deerfield Beach, FL 33442
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information 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 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: *Chris Stathis* 5612419998

CR2E037 (10/97)