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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754561

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/09/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2040441	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29		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 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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	<input type="checkbox"/> DELETE	1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ROSE M		1.2 NAME	Stevens, Rose Mary	
STREET ADDRESS	135 DEERCREEK BLVD #304		1.3 STREET ADDRESS	135 DeerCreek Blvd #304	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STATHIS, CHRIS		2.2 NAME	Ruppe, JOAN	
STREET ADDRESS	171 DEERCREEK BLVD, 707		2.3 STREET ADDRESS	135 DeerCreek Blvd # 308	
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Morelli, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIGHTMASTER, BARKLEY		3.2 NAME	195 DeerCreek Blvd # 805	
STREET ADDRESS	159 DEERCREEK BLVD, 504		3.3 STREET ADDRESS	Deerfield Beach, FL 33442	
CITY-ST-ZIP	DEERFIELD BCH FL 33442		3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTREMOLI, CHARLIE		4.2 NAME	Pontremoli, Charlie	
STREET ADDRESS	245 DEERCREEK BLVD #1006		4.3 STREET ADDRESS	245 DeerCreek Blvd #1006	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTEN, GEORGE		5.2 NAME	Totten, George	
STREET ADDRESS	183 DEERCREEK BLVD #604		5.3 STREET ADDRESS	183 DeerCreek Blvd #604	
CITY-ST-ZIP	DEERFIELD BCH FL 33442		5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *George Totten*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)