

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90160 035 ****61.25

DOCUMENT # 754561
 1. Entity 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 33486-1080
US

701766



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

PO Box 4261
Deerfield Beach
33442-4261 *USA*

4. FEI Number Applied For
59-2040441 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
SUITE 200
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name
Kerem A. Gagliano
 Street Address (P.O. Box Number is Not Acceptable)
1300 S Federal Hwy
 City State Zip Code
Boca Raton **FL** **33433**

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

FILE NOW: FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEVENS, ROSE M <input type="checkbox"/> Delete 135 DEERCREEK BLVD #304 DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUPPE, JOAN <input type="checkbox"/> Delete 135 DEERCREEK BLVD., #308 DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLI, MICHAEL <input type="checkbox"/> Delete 195 DEERCREEK BLVD., #805 DEERFIELD BCH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PONTREMOLI, CHARLIE <input type="checkbox"/> Delete 245 DEERCREEK BLVD #1006 DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOTTEN, GEORGE <input type="checkbox"/> Delete 183 DEERCREEK BLVD #604 DEERFIELD BCH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *6/18/00 9:40 2029 1340*

CR2E037 (9/99)