

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90159 018 ****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
 P.O. BOX 4201
 DEERFIELD BEACH FL 33442-4201
 US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7071 W. Commercial Blvd

3. Mailing Address

7071 W. Comm. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2B

2B

City & State

City & State

Tamarae

Tamarae

4. FEI Number

59-2040441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GAGLIANO, KAREN A ESQ.
 SUITE 290
 185 NW SPANISH RIVER BOULEVARD
 BOCA RATON FL 33431~~

Name
Sunrae Management Services Inc.

Street Address (P.O. Box Number is Not Acceptable)

7071 W. Commercial Blvd

Suite 2B

City **Tamarae**

FL

Zip Code

33319

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

Karen Busch, VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE 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 135 DEERCREEK BLVD #304 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUPPE, JOAN 135 DEERCREEK BLVD., #308 DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLI, MICHAEL 195 DEERCREEK BLVD., #805 DEERFIELD BCH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PONTREMOLI, CHARLIE 245 DEERCREEK BLVD #1006 DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOTTEN, GEORGE 183 DEERCREEK BLVD #604 DEERFIELD BCH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schreiber, Bennett 183 Deer Creek Blvd. #603 Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ruppe, Joan 135 Deer Creek Blvd #308 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thomas Holly Ann 111 Deer Creek Blvd #101 Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Totten, George 183 Deer Creek Blvd #604 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 another title empowered.

SIGNATURE: *Bennett Schreiber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)