


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90064 040 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # 754561 | |  | |
| 1. Entity Name HIDDEN WOODS OF DEER CREEK, INC. | | | |
| Principal Place of Business 111 TO 297 DEER CK BLVD DEERFIELD BEACH, FL 33442 | | Mailing Address 1323 LYONS RD COCONUT CREEK, FL 33063 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GAGLIANO, KAREN A ESQ 955 NW 17 AVE BLDG N DELRAY BEACH, FL 33445 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BISSING, NANCY | NAME | |
| STREET ADDRESS | 111 DEERCREEK BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> Delete | TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JENDRY, PATRICIA | NAME | JOAN O'NEIL |
| STREET ADDRESS | 147 DEERCREEK BLVD | STREET ADDRESS | 195 Deer Creek Blvd #806 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | T <input checked="" type="checkbox"/> Delete | TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DONAHUE, RICHARD | NAME | CAROL MAYBERRY |
| STREET ADDRESS | 111 DEERCREEK BLVD | STREET ADDRESS | 171 Deer Creek Blvd, #1102 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEGENHARD, JULIE | NAME | CHRIS STATHIS |
| STREET ADDRESS | 147 DEERCREEK BLVD | STREET ADDRESS | 171 Deer Creek Blvd, #707 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | M <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COX, WILLIAM | NAME | JOE FINK |
| STREET ADDRESS | 135 DEERCREEK BLVD | STREET ADDRESS | 123 Deer Creek Blvd, #202 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Nancy Bissing</u> | | Date: <u>4-9-08</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |