

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moorman Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N04035 (4) 1. Corporation Name FRIENDS OF SECRET WOODS, INC.			
Principal Place of Business C/O ED BURCZ 7480 WOODMONT AVE #1-104 TAMARAC FL 33321 US		Mailing Address C/O ED BURCZ 7480 WOODMONT AVE #1-104 TAMARAC FL 33321 US	
2. Principal Place of Business 21 Friends of Secret wood Suite, Apt. #, etc. 22 2701 W. State Rd. 84 City & State 23 Ft. Lauderdale, Fl Zip 24 33312 Country 25 USA		2a. Mailing Address 26 Friends of Secret Woods Suite, Apt. #, etc. 27 2701 W. State Rd 84 City & State 28 Ft. Lauderdale, Fl. Zip 29 33312 Country 30 USA	
3. Date Incorporated or Qualified 07/05/1984			
4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent BURCZ, ED 7480 WOODMONT AVE TAMARAC FL 33321		10. Name and Address of New Registered Agent 81 Name Scott L. Bryan 82 Street Address (P.O. Box Number is Not Acceptable) 2701 W. State Rd. 84 83 Ft. Lauderdale 84 City Ft. Lauderdale FL 85 Zip Code 33312	
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 <i>Scott L. Bryan</i> DATE 4/27/98 (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURFEY, MARY J. 4880 N.W. 8TH COURT PLANTATION FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karen Mauck 616 N.W. 22 Ct. Wilton Manors, Fl. 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, RACHEL ANN 808 SW 7 AVE. FT. LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Jane Murfey 4880 N.W. 8 Ct. Plantation, Fl. 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARDI, ANN 7480 WOODMONT TERR TAMARAC FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Julie Degnan 1617 S.E. 2nd Ct. Ft. Lauderdale, Fl. 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURCZ, ED 7480 WOODMONT AVE TAMARAC FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scott Bryan 1660 S.W. 22nd Ave. Ft. Lauderdale, Fl. 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Scott L. Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/27/98

(954) 584-5565

CR2E037 (10/97)