


FILED
Feb 16, 2005 08:00 AM
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N04035 1. Entity Name FRIENDS OF SECRET WOODS, INC.	
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Principal Place of Business FRIENDS OF SECRET WOOD 2701 W SR 84 FT LAUDERDALE, FL 33312 US	Mailing Address FRIENDS OF SECRET WOODS 2701 W SR 84 FT LAUDERDALE, FL 33312 US
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0407337	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MIDDLEMAN, APRIL C 843 HARRISON STREET HOLLYWOOD, FL 33019	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000232112 02/16/05 04:05:013:04:05
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MAUCK, KAREN
STREET ADDRESS	616 NW 22 CT
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	DS
NAME	MURRAY, ANNE
STREET ADDRESS	608 SW 7TH AVENUE
CITY-ST-ZIP	FT LAUDERDALE, FL 33315
TITLE	VP
NAME	LANGE, JACK
STREET ADDRESS	886 ALAMANDA COURT
CITY-ST-ZIP	PLATATION, FL 33317
TITLE	T
NAME	MIDDLEMAN, APRIL C
STREET ADDRESS	843 HARRISON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
 IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: April C. Middleman Treasurer 2/14/05 954-925-8735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Day/1st Month/3