


**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**2006 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N04035**  
 1. Entity Name  
**FRIENDS OF SECRET WOODS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>FRIENDS OF SECRET WOOD<br/>       2701 W SR 84<br/>       FT LAUDERDALE, FL 33312 US</b> | Mailing Address<br><b>FRIENDS OF SECRET WOODS<br/>       2701 W SR 84<br/>       FT LAUDERDALE, FL 33312 US</b> |
|--|---|



03052008 No Chg-NP CR2E037 (11/05)

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

8. Name and Address of Current Registered Agent  
**MIDDLEMAN, APRIL C  
 843 HARRISON STREET  
 HOLLYWOOD, FL 33019**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when circulating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

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 33316 |
| TITLE          | VP                      |
| NAME           | LANGE, JACK             |
| STREET ADDRESS | 886 ALAMANDA COURT      |
| CITY-ST-ZIP    | PLATON, 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    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

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03/20/06 03052008-014 \$1.25  
 03/20/06 03052008-014 \$1.25

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 517, 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 3/06/06 904-925-8735