


FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758035** (0)
1. Corporation Name
HIDDEN WATERWAY CLUB, INC.



Principal Place of Business Mailing Address
688 N FED HWY LANTANA FL 33461 **688 N FED HWY LANTANA FL 33461**

3. Date Incorporated or Qualified
09/04/1981

4. FEI Number **59-2783802** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CHARLTON, CAROLYN
300 WATERWAY DR
LANTANA FL 33462**

10. Name and Address of New Registered Agent

81 Name **HUTCHINS, ERNEST J.**

82 Street Address (P.O. Box Number is Not Acceptable) **100 WATERWAY DR. SO.**

83

84 City **LANTANA** FL 85 Zip Code **33462**

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 *Ernest J. Hutchins* **ERNEST J. HUTCHINS, President** **4-29-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | RD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUTCHINS, ERNEST HUTCHINS, ERNEST | 1.2 NAME | |
| STREET ADDRESS | 100 WATERWAY DR S 100 WATERWAY DR S | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL LANTANA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLTON, CAROLYN - CHARLTON, CAROLYN - | 2.2 NAME | |
| STREET ADDRESS | 300 WATERWAY DR - 300 WATERWAY DR - | 2.3 STREET ADDRESS | MATTHIEU, PARNELL |
| CITY-ST-ZIP | LANTANA FL - LANTANA FL - | 2.4 CITY-ST-ZIP | 300 WATERWAY DR. SO. |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIDDLEMAN, GORDON | 3.2 NAME | |
| STREET ADDRESS | 890 N. FEDERAL HWY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | D |
| STREET ADDRESS | | 4.3 STREET ADDRESS | CORSARO, BETTY |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 200 WATERWAY DR. SO. |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | LANTANA, FL |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 *Ernest J. Hutchins* **ERNEST J. HUTCHINS** **4-29-98**

CR2E037 (10/97)