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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758035

1. Corporation Name
HIDDEN WATERWAY CLUB, INC.

Principal Place of Business 888 N FED HWY LANTANA FL 33461	Mailing Address 888 N FED HWY LANTANA FL 33461
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/04/1981	4. FEI Number 59-2783802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent HUTCHINS, E J 100 WATERWAY DR S LANTANA FL 33462	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINS, ERNIE	1.2 NAME	HUTCHINS, ERNEST J.
STREET ADDRESS	100 WATERWAY DR S	1.3 STREET ADDRESS	100 WATERWAY DR S
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHIEU, P	2.2 NAME	MATTHIEU, PARNELL
STREET ADDRESS	300 WATERWAY DR S	2.3 STREET ADDRESS	300 WATERWAY DR S
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEMAN, GORDON	3.2 NAME	MIDDLEMAN, GORDON
STREET ADDRESS	890 N. FEDERAL HWY	3.3 STREET ADDRESS	890 N. FEDERAL HWY
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSARO, B	4.2 NAME	LASCH, JR., LOUIS E.
STREET ADDRESS	2200 WATERWAY DR S	4.3 STREET ADDRESS	200 WATERWAY DR S
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	LANTANA, FL 33462
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	
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, with all other like empowered.

SIGNATURE: *Ernie Hutchins* **SIGNATURE REQUIRED** HUTCHINS 1-14-99 1-561-586-6395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)