

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90067 022 ****61.25

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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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/04/1981

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2783802

Applied For

Not Applicable

22

27

City & State

City & State

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

23

28

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTCHINS, E J
100 WATERWAY DR S
LANTANA FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINS, ERNIE	
STREET ADDRESS	100 WATERWAY DR S	
CITY-ST-ZIP	LANTANA FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUTCHINS, ERNEST J.	
1.3 STREET ADDRESS	100 WATERWAY DR S	
1.4 CITY-ST-ZIP	LANTANA, FL 33462	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHIEU, P	
STREET ADDRESS	300 WATERWAY DR S	
CITY-ST-ZIP	LANTANA FL	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MATTHIEU, PARNELL	
2.3 STREET ADDRESS	300 WATERWAY DR S	
2.4 CITY-ST-ZIP	LANTANA, FL 33462	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MIDDLEMAN, GORDON	
STREET ADDRESS	890 N. FEDERAL HWY	
CITY-ST-ZIP	LANTANA FL	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIDDLEMAN, GORDON	
3.3 STREET ADDRESS	890 N. FEDERAL HWY	
3.4 CITY-ST-ZIP	LANTANA, FL 33462	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORSARO, B	
STREET ADDRESS	2200 WATERWAY DR S	
CITY-ST-ZIP	LANTANA FL	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LASCH, JR., LOUIS E.	
4.3 STREET ADDRESS	200 WATERWAY DR S	
4.4 CITY-ST-ZIP	LANTANA, FL 33462	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE OF ERNEST J. HUTCHINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUTCHINS

1-14-99

1-561-586-6395

Date

Daytime Phone #

CR2E037 (11/98)