2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 15, 2002 8:00 am Secretary of State **DOCUMENT # 758035** 1. Entity Name HIDDEN WATERWAY CLUB, INC. 05-15-2002 90171 035 ****61.25 Principal Place of Business Mailing Address 888 N FED HWY. 888 N FED HWY 801400 LAKE WORTH FL 33462 LAKE WORTH FL 33462 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2783802 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **HUTCHINS, E J** 100 WATERWAY DR S **APT 110** City i Zip Code LANTANA FL 33462 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition (9/01) PD ☐ Delete TITLE ☐ Change TITLE NAME HUTCHINS, ERNEST J NAME STREET ADDRESS STREET ADDRESS 100 WATERWAY DR S CITY-ST-ZIP * CITY-ST-ZIP L<u>antana FL 33462</u> ☐ Delete TITLE ☐ Change ☐ Addition NAME MIDDLEMAN, GORDON NAME STREET ADDRESS 890 N. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lantana Fl. 33462 D K Delete K Change Addition JACOBS, CAROL LASCH, LOUIS E JR NAME STREET ADDRESS STREET ADDRESS 2200 WATERWAY DR S 200 WATERWAY DR S CITY-ST-ZIP CITY-ST-ZIP lantana FL 33462 <u>LANTANA FL 33462</u> ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME WEDDLETON, RICHARD STREET ADDRESS STREET ADDRESS 300 WATERWAY DR S CITY-ST-ZIP CITY-ST-ZIP Lantana FL 33462 ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP " CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CITY-ST-ZIP

HUTCHINS

4/20/02

561-586-6395

Daytime Phone #