


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90172 041 \*\*\*\*61.25

**DOCUMENT # 758035**  
1. Entity Name  
**HIDDEN WATERWAY CLUB, INC.**



Principal Place of Business: **888 N FED HWY LANTANA FL 33462**  
Mailing Address: **888 N FED HWY LANTANA FL 33462**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2783802**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAND, JANE**  
**896 N FEDERAL HWY #432**  
**LANTANA FL 33462**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: <b>S</b> NAME: <b>DONNELLY, BETTY</b> STREET ADDRESS: <b>890 N FEDERAL HWY</b> CITY-ST-ZIP: <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>VP</b> NAME: <b>CORNIELLO, JOE</b> STREET ADDRESS: <b>300 WATERWAY DR S</b> CITY-ST-ZIP: <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>S</b> NAME: <b>SIMONSON, INGER</b> STREET ADDRESS: <b>200 WATERWAY DR 300 WATERWAY</b> CITY-ST-ZIP: <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>JOHN, DREW</b> STREET ADDRESS: <b>100 WATERWAY DR</b> CITY-ST-ZIP: <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>VP</b> NAME: <b>Ken White</b> STREET ADDRESS: <b>100 WATERWAY DR</b> CITY-ST-ZIP: <b>LANTANA, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>I</b> NAME: <b>JAMES FERRILL</b> STREET ADDRESS: <b>8900 FEDERAL HWY 107</b> CITY-ST-ZIP: <b>LANTANA, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>Betty CARCSO</b> STREET ADDRESS: <b>200 WATERWAY</b> CITY-ST-ZIP: <b>LANTANA, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE: *Jane Hand* 4-17-06 561-588-9302