

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 047 ****61.25

DOCUMENT # 758035

1. Entity Name

HIDDEN WATERWAY CLUB, INC.



Principal Place of Business

Mailing Address

888 N FED HWY
LANTANA FL 33462

888 N FED HWY
LANTANA FL 33462



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

HAND, JANE
896 N FEDERAL HWY #432
LANTANA FL 33462

Name

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

City

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Jane Hand

2-18-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WHITE, KEN	
STREET ADDRESS	100 WATERWAY DR	
CITY-STATE-ZIP	LANTANA FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMONSON, INGER	
STREET ADDRESS	300 WATERWAY DR	
CITY-STATE-ZIP	LANTANA FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERRELL, JAMES T	
STREET ADDRESS	890 NORTH FEDERAL HWY 107	
CITY-STATE-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARCSO, BETTY	
STREET ADDRESS	200 WATERWAY	
CITY-STATE-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	Joe CORRELLIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300 WATERWAY DR	
STREET ADDRESS	LANTANA, FLA 33462	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Hand

2-18-07

561-523-0651

Date

Daytime Phone #