
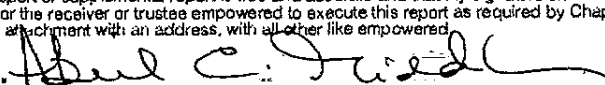


FILED
Feb 16, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04035 1. Entity Name FRIENDS OF SECRET WOODS, INC.			
Principal Place of Business FRIENDS OF SECRET WOOD 2701 W SR 84 FT LAUDERDALE, FL 33312 US		Mailing Address FRIENDS OF SECRET WOODS 2701 W SR 84 FT LAUDERDALE, FL 33312 US	
DO NOT WRITE IN THIS SPACE			
		02112005 No Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0407337		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLEMAN, APRIL C 843 HARRISON STREET HOLLYWOOD, FL 33019		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UN00000232112 02/16/05 04:05:013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAUCK, KAREN 616 NW 22 CT WILTON MANORS, FL 33311	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURRAY, ANNE 608 SW 7TH AVENUE FT LAUDERDALE, FL 33315		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGE, JACK 886 ALAMANDA COURT PLATATION, FL 33317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLEMAN, APRIL C 843 HARRISON STREET HOLLYWOOD, FL 33019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Treasurer 2/14/05 954-925-8735	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr	