

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719943 (3)**  
 1. Corporation Name  
**THE WOODLAND HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 7081 W. COMMERCIAL BLVD. #5E TAMARAC FL 33324 US	Mailing Address 7081 W. COMMERCIAL BLVD. #5E TAMARAC FL 33324 US
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3. Date Incorporated or Qualified <b>12/28/1970</b>
4. FEI Number <b>59-1347069</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>8051 W. McNAB Rd</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>8051 W. McNAB Rd</b> Suite, Apt. #, etc. 27
City & State 23 <b>TAMARAC, FL</b> Zip 24 <b>33321</b> Country 25 <b>USA</b>	City & State 28 <b>TAMARAC, FL</b> Zip 29 <b>33321</b> Country 30 <b>USA</b>

6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSTERN, HERBERT A.  
5504 RED OAK CIRCLE  
TAMARAC FL 33319

81 Name <b>Ambassador Community Mgmt, Inc</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8051 W. McNAB Rd</b>
83
84 City <b>TAMARAC</b>
85 State <b>FL</b>
86 Zip Code <b>33321</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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]* DATE **3/27/98**  
 Signature, typed or printed name of registered agent and fee (applicable). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARCHAM, JULIUS	
STREET ADDRESS	6005 UMBRELLA TREE LANE	
CITY - ST - ZIP	TAMARAC, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DORFMAN, SID	
STREET ADDRESS	5405 WHITE OAK LN	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOSTERN, HERBERT A	
STREET ADDRESS	5504 RED OAK CIRCLE	
CITY - ST - ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FELDMAN, LILLIAN	
STREET ADDRESS	4514 KING PALM LANE	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALD, AL	
STREET ADDRESS	5203 HOLLY CIRCLE	
CITY - ST - ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PLATZ, LEO	
STREET ADDRESS	5410 BANYAN LN	
CITY - ST - ZIP	TAMARAC FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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.

SIGNATURE: *[Signature]* X 9/11/98 X 954-486-4475

CP2E037 (10/97)