

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **721528** (8)

1. Corporation Name

**THE WOODLANDS, SECTION TWO PHASE ONE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

7061 W. COMMERCIAL BLVD. *SE*  
TAMARAC FL 33319

7061 W. COMMERCIAL BLVD. *SE*  
TAMARAC FL 33319

3. Date Incorporated or Qualified <b>08/16/1971</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>59-2168564</b>	Applied For <input type="checkbox"/> Not Applicable
5. 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

## 9. Name and Address of Current Registered Agent

**RAYMOND, WEISER  
5703 GUAVA DRIVE  
TAMARAC FL 33319**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>BEYER, MARILYN</b>
STREET ADDRESS	<b>5912 BLUE BEECH CT</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>NUZZOLO, ALFRED</b>
STREET ADDRESS	<b>5507 WATER OAK PLACE</b>
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>WEISER, RAYMOND</b>
STREET ADDRESS	<b>5703 GUAVA DRIVE</b>
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>IRVING, GOODSTADT</b>
STREET ADDRESS	<b>5507 BANYAN LANE</b>
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>
TITLE	<i>D Kostelnik Humbert A.</i> <input type="checkbox"/> DELETE
NAME	<i>5507 Red Oak Circle</i>
STREET ADDRESS	<i>Tamarac, FL 33319</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Humbert A. Kostelnik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-96*

Date

*954 720 6000*

Daytime Phone #

CR2E037 (12/95)