

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 014 ****61.25

DOCUMENT # 721528

1. Entity Name
**THE WOODLANDS, SECTION TWO PHASE ONE
ASSOCIATION, INC.**



Principal Place of Business
**7100 W. COMMERCIAL BLVD
107
FORT LAUDERDALE, FL 33319 US**

Mailing Address
**7100 WEST COMMERCIAL BLVD
SUITE 107
LAUDERHILL, FL 33319 US**

40025287



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

3. Mailing Address

02092007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lauderhill

City & State

4. FEI Number
59-2168564

Applied For
Not Applicable

Zip Country

Zip Country

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

**AMBASSADOR COMMUNITY MANAGEMENT
7100 W. COMMERCIAL BLVD 107
FORT LAUDERDALE, FL 33319**

Name

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

City **Lauderhill** **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 reinstating)

DATE

**Filing 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

TITLE **PD** ☐ Delete
NAME **BEYER, MARILYN**
STREET ADDRESS **5912 BLUE BEECH CT**
CITY-ST-ZIP **TAMARAC, FL**

TITLE **TD** ☐ Delete
NAME **IRVING, GOODSTADT**
STREET ADDRESS **5507 BANYAN LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **VPD** ☐ Delete
NAME **HIXON, LEONARD**
STREET ADDRESS **5505 WHITE OAK CIRCLE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33319**

TITLE **SD** ☐ Delete
NAME **DURANAUSKAS, TARA**
STREET ADDRESS **6111 WHITE OAK LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **D** ☒ Delete
NAME **ATKINS-GRAD, PATTE**
STREET ADDRESS **5903 BLUE BEACH LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Marilyn Beyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

Daytime Phone #