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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 739878 (7)

1. Corporation Name

WOODBURY IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
WOODBURY ROAD P.O. BOX 2301 BOCA RATON FL 33427-8301	WOODBURY ROAD P.O. BOX 2301 BOCA RATON FL 33427-2301

3. Date Incorporated or Qualified: 08/10/1977
3a. Date of Last Report: 08/30/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1934611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

MCDERMOTT, PAUL
6354 WOODBURY RD
BOCA RATON FL 33433

10. **Name and Address of New Registered Agent**

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

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCDERMOTT, PAUL		1.2 NAME		
STREET ADDRESS	6354 WOODBURY RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SEDGWICK, MICHALE		2.2 NAME	MICHAEL SEDGWICK	
STREET ADDRESS	6414 WOODBURY RD.		2.3 STREET ADDRESS	6414 WOODBURY RD	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLIENBERG, ELLIOTT		3.2 NAME		
STREET ADDRESS	6173 WOODBURY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GROSS, JOANN		4.2 NAME	JOHN WILDERMAN	
STREET ADDRESS	6474 WOODBURY RD.		4.3 STREET ADDRESS	6137 WOODBURY RD	
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, GORDON		5.2 NAME		
STREET ADDRESS	6450 WOODBURY RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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] MICHAEL A. SEDGWICK 2/24/97 561 391 9817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041760