## 2008 NOT-FOR-PROFIT CORPORATION

## **FILED** Jul 21, 2008 8:00 am

	ANNUAI	Se	Secretary of State					
1. Entity Nar HOLLY C	COURT AT WOODMONT, A ATION, INC., A FLORIDA N			-21-2008 9002				
Principal Place of Business OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC, FL 33321		Mailing Address , OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC, FL 33321			<b> </b>	E1TH BITH BIEN E1EN BI		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132008 <sub>Cl</sub>	hg-NP CF	R2E037 (12/06)		
City & Sta	te	City & State		4. FEI Number 59-189134	10	<del></del> -	oplied For	
Zíp	Country	Zip	Country	Country 5. Certificate of Status Desired		\$9.75	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	Iress of New Regist	ered Agent		
FENIRER	0.1.1.105	Name						
FEINBERG, LAWRENCE 8770 HOLLY CT #6-201 TAMARAC, FL 33321			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			0.5	<del></del>				
<i>8</i> ′			City	FL Zip Code				
the obligation signature	Signature, typed or printed name of registered agen	Aurolate C	Registered Agent signature rec	quired when reinstating)	7/1	\$ / 0 <b>8</b> DATE		
D	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AF	ND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFF, PHILIP 8760 HOLLY COURT TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEINBERG, LAWRENCE 8770 HOLLY COURT TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, HAROLD 8791 HOLLY CT TAMARAC, FL 33321	<b>□</b> Delete	NAME STREET ADDRESS 8	1760 HOLLY	2 E U U E C , U Z T S , 3334	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, ROSALYN 8799 HOLLY COURT TAMARAC, FL 32321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCY BEAJICE A \$770 HOLLY	0 BB1 N2	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOADEN, ANDRE + OTO HOLLY COURT FORT LAUDERDALE, FL 198321	☐ Delete		JAN UEZNJ 8760 HONGY TAUMARO F	Cover	Change	☐ Addition	
	·	Nelete	-8	D	<u> </u>	Channe	☐ Addition	

DANIEL MANDEL
FILLHOLLY COULT
TAMALAL FLIJJ 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Described To A Company of the corporation of the receiver or trustee empowered 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:

Date Described To A Company of the corporation of the receiver or trustee empowered.

SIGNATURE To A Company of the corporation of the receiver or trustee empowered.

Date Described To A Company of the corporation of 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 To A Company of the corporation of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered.

SIGNATURE To A Company or the receiver or trustee empowered to execute that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute that my name appears in Block 10 or Block 11 if the corporation or the receiver or trus

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FROLICK, SY

8750 HOLLY COURT

TAMARAO, FL 99921