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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747554** (4)

1. Corporation Name

THE VILLAGE OF WOODBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% LANG MANAGEMENT CO
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

% LANG MANAGEMENT CO
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

3. Date Incorporated or Qualified

06/08/1979

4. FEI Number

59-2169117

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG MANAGEMENT CO.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TAS
NAME WEISSMAN, IRVING
STREET ADDRESS 20383 WOODBRIDGE LN
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE VP/T
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME SNEIDER, MICHAEL
STREET ADDRESS 7079 WOODBRIDGE CT
CITY-ST-ZIP BOCA RATON, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CONIGLIO, MARY
STREET ADDRESS 7007 WOODBRIDGE CIRCLE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE VPD
3.2 NAME HASON, MARTIN
3.3 STREET ADDRESS 6996 WOODBRIDGE CIRCLE
3.4 CITY-ST-ZIP BOCA RATON FL

TITLE S
NAME POSTREL, ELLEN
STREET ADDRESS 20597 WOODBRIDGE WA
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BOLNICK, MARTIN
STREET ADDRESS 7181 WOODBRIDGE CIR
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE VPD
5.2 NAME RUBINSTEIN, ALAN L., M.D.
5.3 STREET ADDRESS 7012 WOODBRIDGE CIRCLE
5.4 CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

561-487-9790

CP2E037 (10/97)