

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90002 032 ****61.25

DOCUMENT # 747554

1. Entity Name

THE VILLAGE OF WOODBRIDGE HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

5295 TOWN CENTER RD
#200
BOCA RATON FL 33486

5295 TOWN CENTER RD
#200
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

90 HAWK-EYE MANAGEMENT

90 HAWK-EYE MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3901 N. FEDERAL HWY, STE 202

3901 N. FEDERAL HWY, STE 202

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33431

USA

33431

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2169117

Applied For

Not Applicable

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

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

Name

HAWK-EYE MANAGEMENT, INC.

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

3901 N. FEDERAL HIGHWAY, STE. 202

City

BOCA RATON

FL

Zip Code

33431

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MERRITT, IRA 20417 WOODBRIDGE LANE BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNEIDER, MICHAEL 7079 WOODBRIDGE CT BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HASON, MARTIN 6996 WOODBRIDGE CIR BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSTREL, ELLEN 20597 WOODBRIDGE WAY BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBINSTEIN, DR ALAN L 7012 WOODBRIDGE CIR BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CAROLE DALSIMER 7153 WOODBRIDGE COURT BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SHARON NICK 20517 WOODBRIDGE DRIVE BOCA RATON, FLORIDA 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 REQUIRED MERRITT

3/3/01

561-487-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)