

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90096 021 ****61.25

DOCUMENT # 747554

1. Entity Name

THE VILLAGE OF WOODBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HAWK-EYE MANAGEMENT
 3901 N FEDERAL HWY STE 202
 BOCA RATON FL 33431

C/O HAWK-EYE MANAGEMENT
 3901 N FEDERAL HWY STE 202
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2169117

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

HAWK-EYE MANAGEMENT INC
3901 N FEDERAL HIGHWAY
STE 202
BOCA RATON FL 33431

Name

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

City

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.

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 **PD** ☐ Delete
 NAME **MERRITT, IRA**
 STREET ADDRESS **20417 WOODBRIDGE LANE**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **D** ☒ Change ☐ Addition
 NAME **Merritt, Ira**
 STREET ADDRESS **20417 Woodbridge Lane**
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **SD** ☐ Delete
 NAME **DALSIMER, CAROLE**
 STREET ADDRESS **7153 WOODBRIDGE CT**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Dalsimer, Carole**
 STREET ADDRESS **7153 Woodbridge Ct.**
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **TD** ☐ Delete
 NAME **NICK, SHARON**
 STREET ADDRESS **20517 WOODBRIDGE DR**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Nick, Sharon**
 STREET ADDRESS **20517 Woodbridge Dr.**
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **VPD** ☐ Delete
 NAME **RUBINSTEIN, DR ALAN L**
 STREET ADDRESS **7012 WOODBRIDGE CIR**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Rubinstein, Dr. Alan**
 STREET ADDRESS **7012 Woodbridge Cir.**
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **Potolsky, Seymour**
 STREET ADDRESS **20537 Woodbridge Dr.**
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02

CR2E037 (9/01)