

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90291 024 \*\*\*\*70.00

**DOCUMENT # N17791**

1. Entity Name

**WOODFIELD COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

% LANG MANAGEMENT CO.  
COMMERCIAL TRAIL  
BOCA RATON FL 33486

Mailing Address

% LANG MANAGEMENT CO.  
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number  
**65-0016441**

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

**CAPLAN, LOUIS ESQ.  
C/O SACHS, SAX & KLEIN, P.A.  
301 YAMATO ROAD, SUITE 4150  
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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME: **GOLDSMITH, JOEL**  
STREET ADDRESS: **6493 ENCLAVE WAY**  
CITY-ST-ZIP: **BOCA RATON FL 33496**

P ☐ Delete  
NAME: **COFFIN, RICK**  
STREET ADDRESS: **3258 WESTMINSTER DR**  
CITY-ST-ZIP: **BOCA RATON FL 33496**

D ☐ Delete  
NAME: **WEINER, LOU**  
STREET ADDRESS: **4251 NW 66TH LANE**  
CITY-ST-ZIP: **BOCA RATON FL 33496**

D ☐ Delete  
NAME: **MICHEL, STEPHEN DR.**  
STREET ADDRESS: **3600 CLUB PLACE**  
CITY-ST-ZIP: **BOCA RATON FL 33496**

VP ☐ Delete  
NAME: **MICHELIN, LOUISA**  
STREET ADDRESS: **5258 PRINCETON WAY**  
CITY-ST-ZIP: **BOCA RATON FL 33496**

D ☐ Delete  
NAME: **YOSTER, ALAN**  
STREET ADDRESS: **4135 NW 53RD ST**  
CITY-ST-ZIP: **BOCA RATON FL 33496**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T/D ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

P/D ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

- ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

VP/D ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

VP/D ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

S/D ☒ Change ☐ Addition  
NAME: **YOSTER, ALAN**  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joel Goldsmith*

3/22/06

Date

Daytime Phone #