

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17792 (5)

1. Corporation Name

THE HAMPTONS OF WOODFIELD COUNTRY CLUB HOMEOWNER
S' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2255 GLADES ROAD
SUITE 311E
BOCA RATON FL 33431

2255 GLADES ROAD
SUITE 311E
BOCA RATON FL 33431

3. Date Incorporated or Qualified
11/17/1986

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 5295 TOWN CENTER RD

26 5295 TOWN CENTER RD

4. FEI Number

65-0033370

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27 200

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 BOCA RATON, FL

28 BOCA RATON FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33486 25 USA

29 33486 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHOP, TERESA C
2255 GLADES ROAD
SUITE 311E
BOCA RATON FL 33431

81 Name

WILLIAM K. ISAACSON

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

5295 TOWN CENTER RD #200

83

84 City

BOCA RATON

FL

85 Zip Code

33486

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 of the corporation's 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 D ☐ DELETE
NAME COLDREN, STEVEN
STREET ADDRESS 3113 HARRINGTON DR
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME COLDREN, STEVE
1.3 STREET ADDRESS 3113 HARRINGTON DR
1.4 CITY-ST-ZIP BOCA RATON FL 33496

TITLE T ☐ DELETE
NAME SHOR, JOEL
STREET ADDRESS 3164 ST ANNES PLACE
CITY-ST-ZIP BOCA RATON FL

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

TITLE V ☐ DELETE
NAME ROBINS, LENORE
STREET ADDRESS 3100 HARRINGTON DRIVE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME REDGRAVE, SUSAN
STREET ADDRESS 5720 ST. ANNE'S WAY
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME REDGRAVE, SUSAN
4.3 STREET ADDRESS 5720 ST ANNES WAY
4.4 CITY-ST-ZIP BOCA RATON FL 33496

TITLE P ☐ DELETE
NAME RUZIKA, STEVEN
STREET ADDRESS 5753 ST ANNES WAY
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BERMAN, NEIL
STREET ADDRESS 3280 ST ANNES DRIVE
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)