

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 5295 TOWN CENTER ROAD # 200 BOCA RATON FL 33486 US	Mailing Address 5295 TOWN CENTER ROAD # 200 BOCA RATON FL 33486-1088 US
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 11/17/1986	3a. Date of Last Report 02/21/1996	4. FEI Number 65-0033370	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

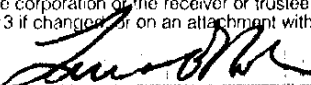
9. Name and Address of Current Registered Agent ISAACSON, WILLIAM K 5295 TOWN CENTER ROAD # 200 BOCA RATON FL 33486		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
---	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLDREN, STEVEN	1.2 NAME	
STREET ADDRESS	3113 HARRINGTON DRI	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHOR, JOEL	2.2 NAME	
STREET ADDRESS	3164 ST ANNES PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ROBINS, LENORE	3.2 NAME	P.D. ROBINS, LENORE
STREET ADDRESS	3100 HARRINGTON DRIVE	3.3 STREET ADDRESS	3100 HARRINGTON DR
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	BOCA RATON FL
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REDGRAVE, SUSAN	4.2 NAME	
STREET ADDRESS	5720 ST. ANNE'S WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	P ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	RUZIKA, STEVEN	5.2 NAME	D. RUZIKA, STEPHEN
STREET ADDRESS	5753 ST ANNES WAY	5.3 STREET ADDRESS	5753 ST ANNES WAY
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	BOCA RATON FL
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:  **LENORE ROBINS, AG** 1/23/97 (501) 750-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045101

CR2E037 (9/96)