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	Mailing Address
5295 TOWN CENTER ROAD # 200 BOCA RATON FL 33486 US	5295 TOWN CENTER ROAD # 200 BOCA RATON FL 33486-1088 US

3. Date Incorporated or Qualified: 11/17/1986
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	☒ Change ☐ Addition
NAME	ROBINS, LENORE		3.2 NAME	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	D	☒ Change ☐ Addition
NAME	RUZIKA, STEVEN		5.2 NAME	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		

CR2E037 (9/96)

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: [signature] LENORE ROBINS, PRES 1/23/97 (561) 750-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045101