

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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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 US

3. Date Incorporated or Qualified

11/17/1986

4. FEI Number

65-0033370

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K
5295 TOWN CENTER ROAD
200
BOCA RATON FL 33486**

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

Signature, typed or printed name of 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	VD	☒ DELETE
NAME	GOLDREN, STEVEN	
STREET ADDRESS	3149 HARRINGTON DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	☐ DELETE
NAME	SHOR, JOEL	
STREET ADDRESS	3164 ST ANNES PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	☐ DELETE
NAME	ROBINS, LENORE	
STREET ADDRESS	3100 HARRINGTON DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	☐ DELETE
NAME	REDGRAVE, SUSAN	
STREET ADDRESS	5720 ST. ANNE'S WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☒ DELETE
NAME	RUZKA, STEPHEN	
STREET ADDRESS	5753 ST ANNES WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	2ND VP, D	☐ Change ☒ Addition
1.2 NAME	BOHEN, CHARLES	
1.3 STREET ADDRESS	5799 HAMILTON WAY	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
2.1 TITLE	PD,	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	1ST VP, D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: **X** **SIGNATURE REQUIRED**

CR2E037 (10/97)