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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17792**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/17/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0033370 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. *Election Campaign Financing Trust Fund Contribution* ☐ **$5.00** May Be Added to Fees

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 _____ 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	SVPD	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	COHEN, CHARLES		1.2 NAME		
STREET ADDRESS	5799 HAMILTON WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ 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	1VD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	ROBINS, LENORE		3.2 NAME	ALLAN RUBENSTEIN	
STREET ADDRESS	3100 HARRINGTON DRIVE		3.3 STREET ADDRESS	3262 NW 59TH STREET	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	ST	☐ DELETE	4.1 TITLE	D	☒ 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		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	NEIL MEISEL	
STREET ADDRESS			5.3 STREET ADDRESS	5705 NW 32ND TERRACE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	LEO PLEUY	
STREET ADDRESS			6.3 STREET ADDRESS	5720 ST. ANNES WAY	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BOCA RATON FL 33496	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/23/99 561-994 6961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #