DOCUMENT # N17792

1. Entity Name

THE HAMPTONS OF WOODFIELD COUNTRY CLUB HOMEOWNER

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	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

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2. Principal P	Principal Place of Business 3. Mailing Address			I HORNER DON HORN REEN HOUR HORN HORN DIEN HORN DIEN BEEN BERN DER			/// //// /////////////////////////////		
Suite, Apt.	#.etc /	Suite, Apt. #, etc.	7	Tanu	DO NOT WRITE IN THIS S	PACE			
2104	5 COMMERCIAL IRA	K 2/045 C	DAMELCI	AZ TRAIL					
City & State PATON FL BOCA LATE			TON FO	4. FEI Number 65-0033370 N			plied For t Applicable		
Zip 33 486 Country 33 486		Country -USM	5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent	. •	7. Name and Address of New Registered Agent					
			Name	Name					
			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	N, WILLIAM K		000017	Street Address (1.0, dox Number is Not Acceptable)					
	VN CENTER ROAD		∂	21045 COMMERCIAL TRAIL					
# 200			City /						
BOCA RA	TON FL 33486	<u> </u>	130	CAKATIN	FL FL	334	186		
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registered agent, or bo	th, in the state of Florida.		′		
			_						
(ンーノイ	-4/					
SIGNATURE _	Signature, typed or printed name of registered agent a			ure required when reinstating)	DATE				
	Signature, types or printed parties or restricted agont a	the the hopeston. (No.							
					BELL OF SILE				
	FILE NOW:	9. Election Campaign Trust Fund Contrib							
	FEE IS \$61.25	Music Fund Commb	dion.	Added to Fees	Department	oi State			
10.	OFFICERS AND DIF	L RECTORS	11.	ADDITIONS/CH	I ANGES TO OFFICERS AND DIF	RECTORS IN	10		
TITLE	VPD	☐ Delete	TITLE			Change	☐ Addition		
NAME I	COHEN, CHARLES		NAME						
STREET ADDRESS	5799 HAMILTON WAY		STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33496	5/	CITY-ST-ZIP						
TITLE	D	Qelete	TITLE	VPD _		Change	☐ Addition		
NAME	SHOR, JOEL		NAME	SHOR, JOEL		/	1		
STREET ADDRESS	3164 ST ANNES PLACE		STREET ADDRESS	3164 ST. AM	NNES PLACE NNES PLACE N, FC 37496				
CITY-ST-ZIP~~~	BOCA RATON FL	المستقومية فرانگان آخان واقعه المحا	CITY-ST-ZIP- ~~	BOCA LATI	N,FC 500100				
TITLE	PD	☐ Delete	TITLE			Change	☐ Addition		
NAME	RUBENSTEIN, ALLAN		NAME						
STREET ADDRESS	3262 NW 59TH ST.		STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	BOCA RATON FL 33496					1 20			
TITLE	D	Delete	TITLE	TD ZITRIN, ROG	r	Change	Addition		
NAME CYDERY ADDRESS	ZITRIN, ROGER	1	NAME STREET ADDRESS	ZITKIN, KOG	TER /				
STREET ADDRESS CITY-ST-ZIP	5879 HAMILTON WAY		CITY-ST-ZIP	5879 HAMI	LTONWAY 33496				
	BOCA RATON FL	H2.11		EUCH KITT	014, pc 35110	☐ Change	Addition		
TITLE NAME	T MCICCI NEII	Delete	NAME			L. Origingo			
STREET ADDRESS	MEISEL, NEIL	/	STREET ADDRESS		•				
CITY-ST-ZIP	5705 NW 32ND TERRACE		CITY-ST-ZIP						
	BOCA RATON FL 33496	☐ Delete	TITLE		 	Change	Addition		
TITLE NAME	SD	La Delete	NAME			- Change			
STREET ADDRESS	PLEVY, LEO		STREET ADDRESS						
CITY-ST-ZIP	5720 ST. ANNES WAY		CITY-ST-ZIP						
	BOCA RATON FL 33496			l					

12. 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 report or supplemental report is frue 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #