# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 21, 2005 8:00 am**
**Secretary of State**
03-21-2005 90096 037 ****70.00

DOCUMENT # N17792

1. Entity Name

THE HAMPTONS OF WOODFIELD COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 21045 COMMERICAL TRAIL<br>BOCA RATON FL 33486<br>US | 21045 COMMERICAL TRAIL<br>BOCA RATON FL 33486<br>US |

1st MOORE CR2E037 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0033370 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| WILLIAM K. ISAACSON,<br>21045 COMMERICAL TRAIL<br>BOCA RATON FL 33486 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>COHEN, CHARLES<br>5799 HAMILTON WAY<br>BOCA RATON FL 33496 | ☐ Delete | SD<br>MARTON, LISA<br>3119 St. Annes Drive<br>Boca Raton, FL 33496 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GALE, ANDREW<br>2134 NW 56TH ST.<br>BOCA RATON FL 33496 | ☒ Delete | D<br>MIDLARSKY, Steven<br>3148 NW 56th St.<br>Boca Raton, FL 33496 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>RUBENSTEIN, ALLAN<br>3262 NW 59TH ST.<br>BOCA RATON FL 33496 | ☐ Delete | D<br>Rabin, Dr. Stephen<br>3100 Harrington Dr<br>Boca Raton, FL 33496 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PLEVY, LEO<br>5720 ST. ANNES WAY<br>BOCA RATON FL 33496 | ☒ Delete | D<br>Weiss, DAVID<br>5820 Harrington Way<br>Boca Raton, FL 33496 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHELDON, ROD<br>3851 HANDING DR.<br>BOCA RATON FL 33496 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GLAZMAN, AUBREY<br>3283 HARRINGTON DRIVE<br>BOCA RATON FL 33496 | ☐ Delete | | ☐ Change ☐ Addition |

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Charles F Cohen 3/2/05 (561)395-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #