

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17792

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

21045 COMMERICAL TRAIL
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

21045 COMMERICAL TRAIL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0033370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERICAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K AGENT
21045 COMMERICAL TRAIL
BOCA RATON, FL 33486 US

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.

SIGNATURE: WILLIAM K. ISAACSON

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BARON, DEBORAH
Address: 5853 HARINSTON WAY
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: RUBENSTEIN, ALLAN
Address: 3262 NW 59TH ST.
City-St-Zip: BOCA RATON, FL 33496

Title: PD () Delete
Name: ROBINS, DR STEHEN
Address: 3100 HARRINGTON DR
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: WEISS, DAVID
Address: 5820 HARRINGTON WAY
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ROBINS, DR STEPHEN
Address: 3100 HARRINGTON DR
City-St-Zip: BOCA RATON, FL 33496

Title: T (X) Change () Addition
Name: SHAVITZ, JEFFREY
Address: 3191 ST. ANNES DRIVE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR.STEPHEN ROBINS

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date