2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 10, 2003 8:00 am Secretary of State **DOCUMENT # N17792** 1. Entity Name 03-10-2003 90115 042 ****70.00 THE HAMPTONS OF WOODFIELD COUNTRY CLUB HOMEOWNER Principal Place of Business Mailing Address 21045 COMMERICAL TRAIL 21045 COMMERICAL TRAIL BOCA RATON FL 33486 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0033370 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM K. ISAACSON . Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERICAL TRAIL **BOCA RATON FL 33486** City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **VPD** President/D ☐ Delete TITLE Change ☐ Addition NAME COHEN, CHARLES NAME STREET ADDRESS 5799 HAMILTON WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE Delete TITLE Decretary/ ☐ Change **Addition** Andrew Gate 3134 NW56th St NAME SHOR, JOEL NAME STREET ADDRESS 3164 ST ANNES PLACE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME RUBENSTEIN, ALLAN NAME STREET ADDRESS 3262 NW 59TH ST. STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP TITLE ☐ Delete TREASURER/D TITLE X Change ☐ Addition NAME PLEVY, LEO NAME STREET ADDRESS 5720 ST. ANNES WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete DiRector TITLE ☐ Change Addition NAME Rod Sheldon NAME STREET ADDRESS 3851 handing DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DIRECTOR TITLE Additio DIRECTOR TITLE ☐] Change Addition NAME De Stephen Kobin NAME Laurence Blair STREET ADDRESS 5746 Hackington like STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing deee 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 frapter 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.

FILED

SIGNA SIGNATURE: