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

## DOCUMENT # N95000004622

1. Entity Name

THE ENCLAVE AT WOODFIELD COUNTRY CLUB, INC.



## FILED Mar 18, 2003 8:00 am § Secretary of State

03-18-2003 90060 038 \*\*\*\*70.00

Principal Plac	ce of Business	Mailing Address	Mailing Address						
C/O LANG MA 21045 COMME BOCA RATON	RCIAL TRAIL	21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US				(å) dire åblik åblis åbli öblik bal	11 <b>11 11 11 11 11 11 11 11 11 11 11 11 </b>	84 <b>0</b> 12 <b>0</b> 1 1 <b>00</b> 1	
US 2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0641822 Applied For Not Applied be				
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		ditional		
	6. Name and Address of Current F	Registered Agent	ed Agent			7. Name and Address of New Registered Agent			
	÷ •	N	Name						
21045 C	)n, william k Ommercial trail		St	reet Address (	P.O. Box Number is Not Acceptable)				
BOCA RA	ATON FL 33486								
			Ci	ty		FL	Zip Code	э	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered of	fice or register	ed agent, or both, in	the State of Florida. I am fa	amiliar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Ager	nt signature required	when reinstating)	DATE			
TT FILE INLIVY: FEE IN ADJ. 20			paign Finan- ontribution.	cing	\$5.00 May Be Added to Fees	Make Check Florida Depart			
1a	' OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/CHANGE	ES TO OFFICERS AND DIR			
TITLE	PD-				D				
NAME	KORNSPAN, SCOTT	☐ Delete	TITLE NAME	$ \nabla P $	P	7	Change	☐ Addition	
STREET ADDRESS			STREET ADI	ADECC				}	
CITY-ST-ZIP	6498 ENCLAVE WAY		CITY-ST-Z						
	BOCA RATON FL 33496		<b>.</b>						
TITLE	ALD.	☐ Delete	TITLE	IP.	$\triangleright$		Change	☐ Addition	
NAME	GENENDER, RICHARD		NAME	'				ł	
STREET ADDRESS	6498 ENCLAVE WAY		STREET ADD	I				ļ	
CITY-ST-ZIP	BOCA RATON FL-33496	<u> </u>	_CITY_ST_Z	سرحنداء بنسوا		* <u></u>			
TITLE	TD	Delete	TITLE				☐ Change	☐ Addition	
NAME	TANNENBAUM, ROBERT		NAME						
	6470 ENCLAVE WAY	•	STREET ADD						
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZI	Р					
TITLE	SD	Delete	TITLE				☐ Change	☐ Addition	
NAME	GOLDSMITH, JOEY	•	NAME	1				}	
STREET ADDRESS	6493 ENCLAVE WAY		STREET ADD	1					
CITY-ST-ZIP	BOCA RATON FL 33496		City-St-Zi	P					
TITLE	D	☐ Delete	TITLE				Change	☐ Addition	
NAME	LEVINE, HOWARD		NAME					ļ	
STREET ADDRESS	6451 NW 38TH WAY		STREET ADD	RESS					
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZI						
TITLE	HELENE RESNICK	□ Delete	TITLE	(5)WEL	ENE RESO	11W2 D	☐ Change	Addition	
NAME	6464 EMCLAVE WAY		NAME		1/120101 11	EMAN		7	
STREET ADDRESS	BOCA RATON FL334	a/	STREET ADD	RESS 646	7 4710 413 00	11 CH 5 WAY CL 33496			
CITY-ST-ZIP		76	CITY-ST-Z	,   <i>\$0</i> c	AKATON 1	~ 2347F			
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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: \_

SIGNATURE REQUIRED