

DOCUMENT # N17791

1. Entity Name

Woodfield Country Club Homeowners' Association, Inc.

Principal Place of Business

Mailing Address

Lang Management Company  
5295 Town Center Road, Suite 200  
Boca Raton, FL 33486

2. Principal Place of Business

Lang Management Company

3. Mailing Address

5295 Town Center Road

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

F

Zip

33486

Country

USA

Zip

Country

4. FEI Number

65-0016441

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED

00 OCT 18 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Woodfield Partners G.P. Inc.  
Attn: Robert Julien  
3600 Club Place  
Boca Raton, FL 33496

7. Name and Address of New Registered Agent

Name

Louis Caplan, Esquire

Street Address (P.O. Box Number is Not Acceptable)

c/o Sachs, Sax & Klein, P.A.

301 Yamato Road, Suite 4150

City

Boca Raton

FL

Zip Code  
33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, effective 11/02/00.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	John C. Csapo	
STREET ADDRESS	3600 Boca Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	Robert Julien	
STREET ADDRESS	3600 Club Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	Jayne Gelfand	
STREET ADDRESS	3600 Club Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Karzmar	
STREET ADDRESS	3600 Club Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	V-President VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Cohen	
STREET ADDRESS	3600 Club Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	V-President VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Griffith	
STREET ADDRESS	3600 Club Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	Secretary S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Stephen Michel	
STREET ADDRESS	3600 Club Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	Treasurer T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melvin Paley	
STREET ADDRESS	3600 Club Place	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00 561-994-9989

Date

Daytime Phone #

CR2E037 (9/99)