

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90047 021 \*\*\*\*61.25

**DOCUMENT # 752393**

1. Entity Name

**GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS  
ASSOCIATION III, INC.**



Principal Place of Business

**PHOENIX MANAGEMENT  
541 S STATE ROAD 7, #12  
MARGATE FL 33068  
US**

Mailing Address

**PHOENIX MANAGEMENT  
4780 N. STATE ROAD 7 STE. E 250  
FORT LAUDERDALE FL 33319  
US**

**24042180**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2066090**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDBERG, SHELDON  
PHOENIX MANAGEMENT  
541 S STATE ROAD 7, #12  
MARGATE FL 33068**

7. Name and Address of New Registered Agent

Name

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

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, 2004**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GORDON, KENNETH M.	
STREET ADDRESS	20558 NE 6TH CT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, KIMBERLY	
STREET ADDRESS	20586 NE 6TH COURT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERDES, LYONEL	
STREET ADDRESS	20550 NE 6TH CT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NICHOLAS, ST SURIN	
STREET ADDRESS	20544 NE 6TH CT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOVAK, ROBERT D	
STREET ADDRESS	20584 NE 6TH CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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

**4/10/04**

Date

Daytime Phone #