

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006199**

1. Entity Name

WOODLANDS SECTION IV ESTATE LOT HOMEOWNERS  
ASSOCIATION OF BROWARD COUNTY, INC.



Principal Place of Business

7100 W COMMERCIAL BLVD SUITE 107  
LAUDERHILL, FL 33319

Mailing Address

7100 W COMMERCIAL BLVD SUITE 107  
LAUDERHILL, FL 33319



01052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

14-1847508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMBASSADOR COMMUNITY MANAGEMENT, INC.  
7100 W COMMERCIAL BLVD SUITE 107  
LAUDERHILL, FL 33319

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME POOLER, MARK  
STREET ADDRESS 4911 WOODLANDS BLVD  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE STD  
NAME HABER, HERBERT C  
STREET ADDRESS 5204 WOODLANDS BLVD  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE VD  
NAME KELLEY, JOSEPH  
STREET ADDRESS 4911 WOODLANDS BLVD  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000776621  
01/09/08-80030-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Herbert C. Haber* HERBERT C. HABER

1/5/08

(954)  
739-6462