

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 018 ****70.00

DOCUMENT # N17791 1. Entity Name WOODFIELD COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % LANG MANAGEMENT CO. COMMERCIAL TRAIL BOCA RATON FL 33486			Mailing Address % LANG MANAGEMENT CO. BOCA RATON FL 33486		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0016441 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAPLAN, LOUIS ESO. C/O SACHS, SAX & KLEIN, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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 is required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	P/D ☒ Change ☐ Addition	
NAME	ORLINSKY, LYNN		NAME		
STREET ADDRESS	4298 NW 65 PLACE		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP		
TITLE	PD	☒ Delete	TITLE	T/D ☐ Change ☒ Addition	
NAME	COFFIN, RICK		NAME	Charles Ponchee	
STREET ADDRESS	3258 WESTMINSTER DR		STREET ADDRESS	3323 NW 53rd Circle	
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP	Boca Raton, FL 33496	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WEINER, LOU		NAME		
STREET ADDRESS	4251 NW 66TH LANE		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP		
TITLE	VPD	☐ Delete	TITLE	D ☒ Change ☐ Addition	
NAME	MICHEL, STEPHEN DR.		NAME		
STREET ADDRESS	3600 CLUB PLACE		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	VP/D ☒ Change ☐ Addition	
NAME	MICHELIN, LOUISA		NAME		
STREET ADDRESS	5258 PRINCETON WAY		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	S/D ☒ Change ☐ Addition	
NAME	YUSTER, ALAN		NAME		
STREET ADDRESS	4135 NW 53RD ST		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL 33496		CITY- ST- ZIP		

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