


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 036 *****70.00

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

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0016441	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPLAN, LOUIS ESQ. C/O SACHS, SAX & KLEIN, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending)</small> DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARZMAR, MARTIN		NAME	JOEL Goldsmith	
STREET ADDRESS	3600 CLUB PLACE		STREET ADDRESS	6493 Encine Way	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, CHARLES		NAME	Rick Coffin	
STREET ADDRESS	3600 CLUB PLACE		STREET ADDRESS	3258 Westminster Drive	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULTZ, SHELDON		NAME	Maggie Chmiel	
STREET ADDRESS	3600 CLUB PLACE		STREET ADDRESS	6574 Landings Ct.	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL, STEPHEN DR.		NAME	Jim Dodrill	
STREET ADDRESS	3600 CLUB PLACE		STREET ADDRESS	3360 NW 53rd Circle	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELIN, LOUISA		NAME		
STREET ADDRESS	3600 CLUB PLACE		STREET ADDRESS	5258 Princeton Way	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAIMANOWITZ, TA		NAME		
STREET ADDRESS	3600 CLUB PLACE		STREET ADDRESS	3521 NW 61st Circle	
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 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: <i>Arthur Kalmanowicz</i>			4/28/03 561-994-9989		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E037 (10/02)