


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90001 006 ****61.25

DOCUMENT # 719878			
1. Entity Name THE WOODLANDS SECTION FIVE ASSOCIATION, INC.			
Principal Place of Business 7100 W. COMMERCIAL BLVD. 107 LAUDERHILL, FL 33319 US		Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319	
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



02072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2168693

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

AMBASSADOR CUMMINTY MGMT INC
7100 W. COMMERCIAL BLVD. #107
LAUDERHILL, FL 33319

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

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, BONNIE 5800 S BAYBERRY LANE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Hirsch, Linda 6002 Umbrella Tree Lane Tamarac, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, RANDY 4912 UMBRELLA TREE LANE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> McMichael, Michael 5704 White Hickory Circle Tamarac, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, JOANNE 5715 WHITE HICKORY CIRCLE TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Rose, Sara Jane 5723 S. Bayberry Ln. Tamarac, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TENNER, MARIAN 5728 S. BAYBERRY LANE TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STITT, PAULA 5703 WHITE HICKORY CIRCLE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURTON, LINDA 4911 UMBRELLA LANE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

RECEIVED
FEB 18 2008

FILE MANAGEMENT

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:

Bonnie S. Schultz President 2/15/08

954 486 3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Business Professional Regulation

Charlie Crist, Governor
Holly Benson, Secretary

Division of Service Operations
Bureau of Central Intake
1940 North Monroe Street
Tallahassee, FL 32399-0783

VOICE 850.487.1395
FAX 850.922-8060
www.MyFlorida.com/dbpr
www.MyFloridaLicense.com

40034171

February 21, 2008

Florida Department Of State
Division Of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

Re: Correspondence Return

To Whom It May Concern:

The Department of Business and Professional Regulation has received the enclosed correspondence in error. Therefore, we are forwarding the document and the check #002411 for (THE WOODLANDS SECTION FIVE ASSOCIATION INC - DOC #719878) in the amount of \$61.25 to your office to handle as you deem necessary.

If you have any questions, please call the number shown above.

sat
enclosure