

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 043 ****61.25

DOCUMENT # 719943

1. Entity Name
THE WOODLAND HOMEOWNERS 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.

02092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1347069

Applied For
Not Applicable

Zip

Country

Zip

Country

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 COMMUNITY MGMT INC
7100 W. COMMERCIAL BLVD
SUITE 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, 2007**

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 PD ☒ Delete
NAME MARGOIS, SEYMOUR
STREET ADDRESS 4704 QUEEN PALM LANE
CITY-ST-ZIP TAMARAC, FL 33319

TITLE PD ☐ Change ☒ Addition
NAME Pressman, Bill
STREET ADDRESS 5907 Caribbean Pine Circle
CITY-ST-ZIP Tamarac, FL 33319

TITLE TD ☐ Delete
NAME BLANK, SHIRLEY
STREET ADDRESS 5704 S TRAVELERS PALM LN
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME TORN, LARRY
STREET ADDRESS 4500 KING PALM DR
CITY-ST-ZIP TAMARAC, FL 33319

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME TENNER, MARION
STREET ADDRESS 5727 S BAYBERRY LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE VPD ☐ Change ☒ Addition
NAME Schultz, Bonnie
STREET ADDRESS 5800S. Bayberry Ln
CITY-ST-ZIP Tamarac, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marion Tenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-07