

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90007 048 \*\*\*\*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**

4009027



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 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, 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

TITLE **PD** ☐ Delete  
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 **D** ☐ Delete  
NAME **TORN, LARRY**  
STREET ADDRESS **4500 KING PALM DR**  
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **SD** ☒ Delete  
NAME **TENNER, MARION**  
STREET ADDRESS **57287 S BAYBERRY LANE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33319**

TITLE **VPD** ☐ Delete  
NAME **SCHULTZ, BONNIE**  
STREET ADDRESS **5800 S. BAYBERRY LN.**  
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **SD Davidson, Joel**  
STREET ADDRESS **4608 Norfolk Pine Dr.**  
CITY-ST-ZIP **Tamarac, FL 33319**

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM PRESSMAN**  
**PRESIDENT**

**3/13/08**

Date

**954-741-8811**

Daytime Phone #