

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90026 049 ****61.25

DOCUMENT # 719944

1. Entity Name

THE WOODLANDS SECTION SEVEN ASSOCIATION, INC.

Principal Place of Business

**8051 W MCNAB RD
TAMARAC FL 33321
US**

Mailing Address

**8051 W MCNAB RD
TAMARAC FL 33321
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2235415**

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 COMMUNITY MANAGEMENT INC.
8051 W MCNAB RD
TAMARAC FL 33321**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BLANK, HARRY**
STREET ADDRESS **5701 MULBERRY DR**
CITY-ST-ZIP **TAMARAC FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **Dolly Dellon**
STREET ADDRESS **5602 White Cedar Lane**
CITY-ST-ZIP **Tamarac, FL 33319**

TITLE **TD** ☐ Delete
NAME **SACHS, SHELDON**
STREET ADDRESS **5606 MULBERRY DR.**
CITY-ST-ZIP **TAMARAC FL**

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

TITLE **SD** ☒ Delete
NAME **DROTCH, RUTH**
STREET ADDRESS **5601 S TRAVELER PALM LANE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **SD** ☐ Change ☒ Addition
NAME **Sara Sander**
STREET ADDRESS **4902 N Traveler Palm Lane**
CITY-ST-ZIP **Tamarac, FL 33319**

TITLE **VPD** ☐ Delete
NAME **SMOLEN, BEN**
STREET ADDRESS **5002 N TRAVELER PALM LANE**
CITY-ST-ZIP **TAMARAC FL 33329**

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

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 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: ~~0 SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 954-720-1677

Date Daytime Phone #

CR2E037 (9/01)