

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90057 010 \*\*\*\*61.25

**DOCUMENT # 719944**

1. Entity Name  
**THE WOODLANDS SECTION SEVEN 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**

**DO NOT WRITE IN THIS SPACE**

90057000



02072008 No Chg-NP

CR2E037 (4/06)

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

**AMBASSADOR COMMUNITY MANAGEMENT INC.  
7100 W COMMERCIAL BLVD #107  
FORT LAUDERDALE, FL 33319**

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
DELLON, DOLLY  
5602 WHITE CEDAR LANE  
TAMARAC, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
WEINBERG, LESTER  
4504 KING PALM DR.  
TAMARAC, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
HALPERN, SHEILA  
5700 COCO PALM DRIVE  
TAMARAC, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
FOX, PATTI  
5601 MULBERRY DR  
TAMARAC, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

**FEB 18 2008**

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

Date

Daytime Phone #