

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90023 011 ****61.25

DOCUMENT # 719956

1. Entity Name
THE WOODLANDS SECTION EIGHT ASSOCIATION, INC.



Principal Place of Business
**7100 WEST COMMERCIAL BLVD
SUITE 107
LAUDERHILL, FL 33319 US**

Mailing Address
**7100 WEST COMMERCIAL BLVD
SUITE 107
LAUDERHILL, FL 33319 US**

900230000



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

3. Mailing Address

03112008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2168560

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 M 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

TITLE PD ☐ Delete
NAME BUCHSBAUM, JEROME
STREET ADDRESS 6206 ORCHARD TREE LN
CITY-ST-ZIP TAMARAC, FL 33319

TITLE VD ☒ Delete
NAME KLEIN, MATTHEW
STREET ADDRESS 4511 NORFOLK PINE DR.
CITY-ST-ZIP TAMARAC, FL 33319

TITLE TD ☐ Delete
NAME WRIGT, VALARIE
STREET ADDRESS 4604 NORFOLK PINE DRIVE
CITY-ST-ZIP TAMARAC, FL 33319

TITLE SD ☐ Delete
NAME MARGOLIS, JUDITH
STREET ADDRESS 4704 QUEEN PALM LANE
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VPD ☐ Change ☒ Addition
NAME Demicco, Erik
STREET ADDRESS 6103 Royal Poinciana Ln.
CITY-ST-ZIP Tamarac, Fl 33319

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
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

Date

Daytime Phone #

3-17-08

954-610-9411