

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90052 016 \*\*\*\*61.25

**DOCUMENT # 719970**

1. Entity Name  
**THE WOODLANDS SECTION SIX ASSOCIATION INC.**



Principal Place of Business  
**5208 BANYAN LANE  
TAMARAC, FL 33319 US**

Mailing Address  
**7100 W COMMERCIAL BLVD  
107  
FORT LAUDERDALE, FL 33319 US**



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  
7100 W COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33319**

Name

Street Address (P.O. Box Number is Not Acceptable)

City  
**Lauderhill**

**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 WHITE, TAYLOR  
STREET ADDRESS 4813 BANYAN LANE  
CITY-ST-ZIP TAMARAC, FL 33319

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

TITLE DVP ☐ Delete  
NAME KLEINRICHERT, CECILIA  
STREET ADDRESS 6208 HAZELWOOD CIR  
CITY-ST-ZIP TAMARAC, FL 33319

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

TITLE SD ☐ Delete  
NAME TUTHILL, GINA  
STREET ADDRESS 6012 LINDEN CIR  
CITY-ST-ZIP TAMARAC, FL 33319

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

TITLE TD ☒ Delete  
NAME GILLMAN, LAWRENCE  
STREET ADDRESS 6008 LINDEN CIR  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Change ☒ Addition  
NAME TD  
STREET ADDRESS Task, Shirley  
CITY-ST-ZIP 5803 Australian Pine Dr.  
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:**

*Gina Tuthill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07

Date

Daytime Phone #