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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720045 (4)

1. Corporation Name

WOODLANDS I ASSOCIATION INC.



Principal Place of Business

Mailing Address

7061 W. COMMERCIAL BLVD., S.E.  
TAMARAC FL 333247061 W. COMMERCIAL BLVD.  
SUITE 5-E  
TAMARAC FL 33319-2144  
US

3. Date Incorporated or Qualified

01/04/1971

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2168563

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSTERN, HERBERT A  
7061 W. COMMERCIAL BLVD., S.E.  
TAMARAC FL 33319

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SHADLEN, HOWARD  
STREET ADDRESS 5200 HOLLY CIR.  
CITY-ST-ZIP TAMARAC FL 33319☒ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPPD STANLEY BENSON  
5305 EAGLE PALM BLVD  
TAMARAC FL☒ Change☐ AdditionTITLE VD  
NAME NAROFF, ARNOLD  
STREET ADDRESS 5206 BAYBERRY LN.  
CITY-ST-ZIP TAMARAC FL☒ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPVD JULIE LAYLOR  
5305 BUTTONWOOD CT.  
TAMARAC FL☒ Change☐ AdditionTITLE TD  
NAME FRANKEL, EDWARD B  
STREET ADDRESS 5309 BUTTONWOOD CT  
CITY-ST-ZIP TAMARAC☒ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPSD IDA ROTHMAN  
5206 BUTTONWOOD CT  
TAMARAC☒ Change☐ AdditionTITLE VD  
NAME NYHUIS, WILLIAM  
STREET ADDRESS 4804 BAYBERRY LN.  
CITY-ST-ZIP TAMARAC☒ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTD MARION FRIEDLAND  
5401 AVENUE DR.  
TAMARAC FL☒ Change☐ AdditionTITLE D  
NAME KOSTERN, HERBERT A  
STREET ADDRESS 5504 RED OAK CIRCLE  
CITY-ST-ZIP TAMARAC FL☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Herbert A. Kostern  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

954 720 6038

Date

Daytime Phone # 0035186

CR2E037 (9/96)