

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2002 90026 048 ****61.25

DOCUMENT # 720045

1. Entity Name

WOODLANDS I ASSOCIATION INC.

Principal Place of Business

8051 SW MCNAB RD
 TAMARAC FL 33321
 US

Mailing Address

8051 W MCNAB RD
 SUITE 5-E
 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

59-2168563

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 MGMT INC
3051 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 **BENSON, STANLEY**
 STREET ADDRESS **5305 SAGO PALM BLVD**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **J.L. KICKLIGHTER**
 STREET ADDRESS **5102 Laurel Circle**
 CITY-ST-ZIP **TAMARAC, FL. 33319**

TITLE **VD** ☒ Delete
 NAME **LANGER, JULIE**
 STREET ADDRESS **5305 BUTTONWOOD CT**
 CITY-ST-ZIP **TAMARAC-FL**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **ROSEMARIE DE LEMMA**
 STREET ADDRESS **5104 Laurel Circle**
 CITY-ST-ZIP **TAMARAC, FL. 33319**

TITLE **SD** ☒ Delete
 NAME **ROTHMAN, IDA**
 STREET ADDRESS **5206 BUTTONWOOD CT**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **ASD** ☐ Change ☒ Addition
 NAME **DOLLY D MAIO**
 STREET ADDRESS **4602 Bayberry Lane**
 CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **VP** ☐ Delete
 NAME **FRIEDLAND, MARION**
 STREET ADDRESS **5401 AVOCADO DR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **ANTHONY, STUART**
 STREET ADDRESS **5309 BUTTONWOOD COURT**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **ESD** ☐ Change ☒ Addition
 NAME **CINDY HANUS**
 STREET ADDRESS **5301 Bayberry Lane**
 CITY-ST-ZIP **TAMARAC, FL. 33319**

TITLE **RS** ☒ Delete
 NAME **BEARD, CINDY**
 STREET ADDRESS **5301 BAYBERRY LANE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

954-720-1677

CR2E037 (9/01)