

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90132 019 \*\*\*\*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

**7100 WEST COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL FL 33319  
US**

00030006



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**7100 W. Commercial Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**107**

City & State

City & State

**Lauderhill FL**

Zip

Country

Zip

Country

**33319**

**USA**

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**

**8051 W MCNAB RD  
TAMARAC FL 33321**

Name

**Ambassador Community Mgt. Inc.**

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

**7100 W. Commercial Blvd. #107**

City

**Lauderhill**

FL

Zip Code

**33319**

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

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KICKLIGHTER, J L 5102 LAUREL CIRCLE TAMARAC FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LEMMA, ROSEMARIE 5104 LAUREL CIRCLE TAMARAC FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE MAIO, DOLLY 4602 BAYBERRY LN TAMARAC FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEDLAND, MARION 5401 AVOCADO DR TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD HANUS, CINDY 5301 BAYBERRY LANE TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DR. S. Benson 5305 Sago Palm Blvd. Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Alan Sloane 5208 Buttonwood Court Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAY FRANCIS 5401 Bayberry Lane Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD ELIZABETH ENGROFF 5103 Laurel Circle Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfred Berger 5305 Bayberry Lane Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Stanley Benson* **Stanley Benson**

**3/3/03 874-241-8811**

CR2E037 (10/02)