

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90052 013 \*\*\*\*61.25

**DOCUMENT # 721528**

1. Entity Name  
**THE WOODLANDS, SECTION TWO PHASE ONE  
ASSOCIATION, INC.**



Principal Place of Business  
**7100 W. COMMERCIAL BLVD  
107  
LAUDERHILL, FL 33319 US**

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2168564**

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 MANAGEMENT  
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 BEYER, MARILYN  
STREET ADDRESS 5912 BLUE BEECH CT  
CITY-ST-ZIP TAMARAC, FL

TITLE TD ☐ Delete  
NAME IRVING, GOODSTADT  
STREET ADDRESS 5507 BANYAN LANE  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE VPD ☐ Delete  
NAME HIXON, LEONARD  
STREET ADDRESS 5505 WHITE OAK CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE SD ☐ Delete  
NAME DURANAUSKAS, TARA  
STREET ADDRESS 6111 WHITE OAK 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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:** *Marilyn Beyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/04/08*

Date

*(954) 735-5608*

Daytime Phone #