

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726085** (4)

1. Corporation Name

WOODLANDS GOLF ASSOCIATION, INC.

Principal Place of Business

**4800 WOODLANDS BLVD
TAMARAC FL 33319
US**

Mailing Address

**4800 WOODLANDS BLVD
TAMARAC FL 33319
US**



3. Date Incorporated or Qualified
04/09/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1461337

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. 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

**KAPLAN, LEO
5310 BUTTONWOOD CT
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

Sheldon Sachs
Signature, typed or printed name of registered agent and title if applicable

Sheldon Sachs, Secretary

06-17-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **SCHUB, LEONARD**
STREET ADDRESS **5606 MELALEUCA DRIVE**
CITY - ST - ZIP **TAMARAC FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **DORFMAN, SIDNEY**
STREET ADDRESS **6206 ORCHARD TREE LANE**
CITY - ST - ZIP **TAMARAC FL 33319**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **SD** ☒ DELETE
NAME **HABER, HERBERT**
STREET ADDRESS **5204 WOODLANDS BLVD**
CITY - ST - ZIP **TAMARAC FL 33319**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **PD** ☐ DELETE
NAME **BELLIS, ISADORE**
STREET ADDRESS **4908 BAYBERRY LANE**
CITY - ST - ZIP **TAMARAC FL 33319**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **WILLIAMS, GERALD**
STREET ADDRESS **5104 WHITE OAK LANE**
CITY - ST - ZIP **TAMARAC FL 33319**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Secretary
Sheldon Sachs
5606 Mulberry Drive
Tamarac FL 33319**

William, Gerald

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sheldon Sachs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-17-96

Date

(954) 731-2500

Daytime Phone #

CR2E037 (3/96)