Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 726085

1. Corporation Name

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Zip

SACHS, SHELDON

SIGNATURE:

Country

9. Name and Address of Current Registered Agent

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WOODLANDS GOLF ASSOCIATION, INC.							
Principal Place of Business	Mailing Address	.					
4600 WOODLANDS BLVD TAMARAC FL 33319 US	4600 WOODLANDS BLVD TAMARAC FL 33319 US						
Principal Place of Business 21	2a. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State	_					

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FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90056 027 ****61.25

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

10. Name and Address of New Registered Agent

04/09/1973 4. FEI Number

59-1461337

KRAM, ELLY Street Address (P.O. Box Number is Not Acceptable)
4802 QUEEN PALM LANE

SEAR MILI	REDRY NRIVE					<u> </u>	4802 QUEEN PALM LAD	<u> </u>		·
5606 MULBERRY DRIVE				83		•				
#1	FL 00040				ļ.,				last s	- 0-4-
TAMARAC	FL 33319				84	City	TAMARAC	FL	85 Zi	p Code 3319
11 5	4. 4b	Castiona 61	7 0502 and 617 1509	Elorida Statutas	the abov	a-named	corporation submits this statement for the	purpose of	changing	its registered
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 path, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
agent.) am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature today or crinted name of registrated agent styl title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed		ed agent and title if applicable.	(NOTE: Rec	istered Age	nt signature re	ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
12.		OFFICER	S AND DIRECTORS	DELETE				10210741	Chang	
TITLE	PD			DELETE	1.1 TITLE	.	PD			
NAME	SCHUB, LEONA	rd			1.2 NAMÉ	ļ	HABER, HERBERT		•	4
STREET ADDRESS	5606 MELALEU	CA DRIVE			1.3 STREE	TADORESS .	5204 WOODLANDS BLVD		-	
CITY-ST-ZIP	TAMARAC FL				1.4 CITY-S	T-ZIP	TAMARAC, FL. 33319			100 A 4 800
TITLE	AT			DELETE	2.1 TITLE		AT ,	•	☐ Chang	e Addition
NAME	MEISNER, MUR	RAY			2.2 NAME	ļ	KAPLAN, LEO	•		
STREET ADDRESS	4611 QUEEN P	ALM LN			2.3 STREE	T ADDRESS	5310 BUTTONWOOD COURT	<u>.</u>		- *
CITY-ST-ZIP	TAMARAC FL				2.4 CITY-	ST- ZIP	TAMARAC, FL 33319	* - *	·· - -	
TITLE	S			DELETE	3.1 TITLE		S		Chang	e Addition
NAME	SACHES, SHEL	DON		•	3.2 NAME	ĺ	KRAM, ELLY			
STREET ADORESS	5606 MULBERR				3.3 STREE	T ADDRESS	4802 QUEEN PALM LANE		•	
CITY-ST-ZIP	TAMARAC FL				3.4. CITY-1	ST-ZIP	TAMARAC, FL 33619			
TITLE	VP			DELETE	4.1 TITLE		VP	``	Chang	e Addition
NAME	WENER, LEONA	חמו		·	4, 2 NAME		MEISNER, MURRY			
STREET ADDRESS	6206 ORCHARD		ME		4.3 STREE	TADDRESS	4611 QUEEN PALM LANE			
	TAMARAC FL	INCC LA	NE.		4.4 CITY-S		TAMARAC, FL 33319			•
CITY-ST-ZIP TITLE				DELETE	5.1 TITLE	1-21	TD		☐ Chang	e Addition
	TD	10			5.2 NAME		WILLIAM, GERALD			
NAME	WILLIAM, GERA				5.3 STREE	TADDRESS	5104 WHITE OAK LANE			,
STREET ADDRESS	5104 WHITE OA	AK LANE			5.4 CITY-S		TAMARAC, FL 33319	•		•
CITY-ST-ZIP	TAMARAC FL			DELETE	6.1 TITLE	1-th	VP		☐ Chang	e Addition
TITLE	VP *			DELETE	6.2 NAME		WENER, LEONARD	٠		
NAME	Haber, Herbe						4112 PALMAIRE DR.W.			•
STREET ADDRESS	5204 WOODLAI	NDS BLVD				T ADORESS		:n ·		•
CITY-ST-ZIP	TAMARAC FL				6.4 CITY-S		POMPANO BCH, FL 3306	_		- information
indiantad	14. Thereby certify that the information supplied with this filling 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	officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Unabler 517. Florida Statutes, and that my hame appears in									
Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.										

Country

81 Name

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