2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State
03-06-2006 90012 016 ****61.25

DOCUMENT # 726085

1. Entity Name

WOODLANDS GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4600 WOODLANDS BLVD TAMARAC FL 33319 US	4600 WOODLANDS BLVD TAMARAC FL 33319 US

1st MOORE CR2E037 (10/05)

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 59-1461337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILD, STANLEY D~~
~~6201 ORCHARD TREE LANE~~
~~TAMARAC FL 33319~~

50920-10

7. Name and Address of New Registered Agent

Name: Harold Sonenberg
Street Address (P.O. Box Number is Not Acceptable): 4910 Banyan Lane
City: Tamarac 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 _____ POSTED _____ DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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	S HABER, THERBERT 504 WOODLANDS BLVD TAMARAX FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEINER, RICHARD 4608 QUEEN PALM LANE TAMARAC FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT ☑ Change ☐ Addition Richard Leiner
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP WILD, STANLEY D 6201 ORCHARD TREE LANE TAMARAC FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 V P Harold Sonenberg 4910 Banyan Lane Tamarac, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TORN, LARRY 4500 KING PALM DRIVE TAMARAC FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT STARK, NORMAN 5704 COCO PALM DRIVE TAMARAC FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP HIMLER, ED 6010 FALLS CIRCLE DR LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 5/9/06 (954) 731-2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #