

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90170 027 ****61.25

DOCUMENT # 726085

1. Entity Name

WOODLANDS GOLF ASSOCIATION, INC.



Principal Place of Business

**4600 WOODLANDS BLVD
TAMARAC FL 33319
US**

Mailing Address

**4600 WOODLANDS BLVD
TAMARAC FL 33319
US**

20013674



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1461337**

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

**KRAM, ELLY
4802 QUEEN PALM LANE
TAMARAC 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

Elly Kram

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

(NOTE: Registered Agent signature required when reinstating)

1/9/03

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 **PD** ☒ Delete
NAME **MURRAY, MEISNER**
STREET ADDRESS **4611 QUEEN PALM LANE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **PD** ☐ Change ☒ Addition
NAME **TALABISCO, JACK**
STREET ADDRESS **5215 WHITE OAK LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

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

TITLE **AT** ☐ Change ☒ Addition
NAME **SAHR, MICHAEL**
STREET ADDRESS **4901 N. TRAVELERS PALM LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **S** ☒ Delete
NAME **KRAM, ELLY**
STREET ADDRESS **4802 QUEEN PALM LANE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **VP** ☒ Change ☐ Addition
NAME **KRAM, ELLY**
STREET ADDRESS **4802 QUEEN PALM LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **VP** ☒ Delete
NAME **WILD, STANLEY**
STREET ADDRESS **6201 ORCHARD TREE LANE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **VP** ☐ Change ☒ Addition
NAME **ARON, SIG**
STREET ADDRESS **4803 HOLLY DRIVE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **TD** ☐ Delete
NAME **STARK, NORMAN**
STREET ADDRESS **5704 COCO PALM DRIVE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **SANTIMASSIMO, JAMES**
STREET ADDRESS **1115 W. CYPRESS DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **S** ☐ Change ☒ Addition
NAME **HIMLER, ED**
STREET ADDRESS **6010 FALLS CIRCLE DR.**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

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:

Elly Kram

REQUIRED PRESIDENT

1/9/03 954-735-0517

CR2E037 (10/02)