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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743943

1. Corporation Name

THE WOODS OF SOUTHRIDGE, INC.

Principal Place of Business
6020 N. FEDERAL HWY #14
BOCA RATON FL 33487

Mailing Address
6020 N. FEDERAL HWY #14
BOCA RATON FL 33487



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/16/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2052035

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUEMPEL, CRAIG J
2426 SUNDY AVENUE
DELRAY BEACH FL 33444

81 Name **SEAN PATRIANI**

82 Street Address (P.O. Box Number is Not Acceptable)

2397 BENJAMIN AVENUE

83

84 City **DELRAY BEACH**

FL

85 Zip Code **33444**

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

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

SEAN PATRIANI, SR.

2/10/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **KRUEMPEL, CRAIG J**
STREET ADDRESS **2426 SUNDY AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TD** ☐ DELETE

NAME **PERRY, VERONICA**
STREET ADDRESS **2470 DOUGLAS AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **VD** ☐ DELETE

NAME **ALLAN, SANDRA**
STREET ADDRESS **2553 BESSIE ST**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☐ DELETE

NAME **PATRIANI, SEAN**
STREET ADDRESS **2397 BENJAMIN AVE**
CITY-ST-ZIP **DELRAY BCH FL 33444**

TITLE **SD** ☐ DELETE

NAME **FRIEDMAN, JONATHAN**
STREET ADDRESS **2422 ZEDER AVE**
CITY-ST-ZIP **DELRAY BCH FL 33444**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT
PATRIANI, SEAN
2397 BENJAMIN AVENUE
DELRAY BEACH, FL 33444

DIRECTOR
GLENN VAN LENTEN
2414 ZEDER AVENUE
DELRAY BEACH, FL 33444

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Sean Patriani, Sr.* **2/10/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)