

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90286 032 ****61.25

DOCUMENT # 752076

1. Entity Name
WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

Mailing Address
ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2171323

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

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE SOUTH - STE 400
WEST PALM BEACH, FL 33409

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 VP ☐ Delete
NAME BELIECH, STEPHEN
STREET ADDRESS 11179 MARGORAM DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☒ Addition
NAME EINHORN, JOAN
STREET ADDRESS 11206 THYME DR.
CITY-ST-ZIP P.B. GARDENS, FL 33418

TITLE DP ☐ Delete
NAME VAN VOORHEES, WOODIE
STREET ADDRESS 5048 THYME DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☒ Addition
NAME HAMILTON, DAVID
STREET ADDRESS 5104 THYME DR.
CITY-ST-ZIP P.B. GARDENS, FL 33418

TITLE DS ☐ Delete
NAME JACOBS, CHERI
STREET ADDRESS 1223 CURRY DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☒ Addition
NAME O'CONNOR, JAMES
STREET ADDRESS % 600 SANDTREE DR., SUITE 109
CITY-ST-ZIP P.B. GARDENS, FL 33403

TITLE T ☐ Delete
NAME WHITE, DON
STREET ADDRESS 5036 CAYENNE LANE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

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

TITLE D ☐ Delete
NAME AUERBACH, PAUL
STREET ADDRESS 11215 CURRY DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

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

TITLE D ☐ Delete
NAME HOMA, MICHAEL
STREET ADDRESS 5005 CAYENNE LN
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/13/05 (561) 627-7353