

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752393

1. Entity Name

GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOC

Principal Place of Business

Mailing Address

PHOENIX MANAGEMENT  
541 S STATE ROAD 7, #12  
MARGATE FL 33068  
US

PHOENIX MANAGEMENT  
541 S STATE ROAD 7, #12  
MARGATE FL 33068-1711  
US

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

59-2066090

Applied For

Not Applicable

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

GOLDBERG, SHELDON  
PHOENIX MANAGEMENT  
541 S STATE ROAD 7, #12  
MARGATE FL 33068

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME GORDON, KENNETH M.  
STREET ADDRESS 20558 NE 6TH CT  
CITY-ST-ZIP N. MIAMI BEACH FL 33179

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

TITLE VPD ☐ Delete  
NAME SMITH, WILLIAM  
STREET ADDRESS 20588 NE 6TH CT.  
CITY-ST-ZIP N. MIAMI BEACH FL 33179

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

TITLE SD ☐ Delete  
NAME NORRIS, BOB  
STREET ADDRESS 20594 NE 6TH CT.  
CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE TD ☐ Delete  
NAME SWIFT, MAURICE  
STREET ADDRESS 13171 NW 19TH ST  
CITY-ST-ZIP PEMBROKE PINES FL 33179

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

TITLE D ☐ Delete  
NAME SHEARN, REGINA  
STREET ADDRESS 20556 N.E. 6TH CT.  
CITY-ST-ZIP N. MIAMI FL 33146

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1/15/2000

305-651-5410

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE