

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

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90006 040 \*\*\*\*61.25

DOCUMENT # **754457**  
1. Entity Name  
**WILDWOOD OF DEERCREEK, P.O.A., INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**GOLDMAN, JUDAS MARTIN, PA**  
Suite, Apt. #, etc.  
**PHL**

3. Mailing Address  
**8211 W. BROWARD BLVD**  
Suite, Apt. #, etc.

City & State  
**PLANTATION FL**

City & State  
**FL**

Zip  
**33442**

Country  
**USA**

4. FEI Number  
**59-2055745**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**KATZMAN & KORR (DONNA BERGER)**

Street Address (P.O. Box Number is Not Acceptable)  
**1501 N.W. 49th ST Suite 202**

City  
**Fort LAUDERDALE FL**

Zip Code  
**33309**

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.  
**954-486-1772**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)  
Signature, typed or printed name of registered agent and title if applicable DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JUDITH DEFENDINANO 1865 WILDWOOD LANE NW DEERFIELD Bch, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT CAROLYN DANNA 448 WILDWOOD LANE E. DEERFIELD Bch, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER F. CARL LOHMAR, JR. 1838 WILDWOOD TRAIL DEERFIELD BEACH, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY DANNY BARRY 472 W. LAWWOOD LANE E. DEERFIELD Bch, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER AT LARGE JEFF MITCHELL 964 WILDWOOD LANE E. DEERFIELD Bch, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RG MAY 15 2007</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, without other like employment.

SIGNATURE: **F. Carl Lohmar, Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 23, 2007 954-427-5687**  
DATE USE AFTER PHONE #

**F. CARL LOHMAR, JR.**

CR2E037B (12/02)