

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 755486

1. Corporation Name

**THE WOODLANDS ESTATES HOMEOWNERS ASSOCIATION OF
BROWARD COUNTY, INC.**

Principal Place of Business

%JODI DOMBROSKY
5701 NW 54TH LANE
TAMARAC FL 33319
US

Mailing Address

% M IO DEBOLT
5455 NW 57TH ST
TAMARAC FL 33319-9507

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90202 030 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/10/1980

4. FEI Number

59-2255527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BALOCCHO, JOSEPH M
7500 N.W. 5TH ST.
~~54 LANE~~
FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RIZZO, CHARLES
STREET ADDRESS 5407 N.W. 56TH CT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME MCGHEE, PAT
STREET ADDRESS 5710 NW 54TH LANE
CITY-ST-ZIP TAMARAC FL

TITLE DS ☐ DELETE

NAME KEIL, SALLY
STREET ADDRESS 5611 NW 54TH LANE
CITY-ST-ZIP TAMARAC FL

TITLE T ☐ DELETE

NAME DOMBROSKY, JODI
STREET ADDRESS 5701 NW 54TH LANE
CITY-ST-ZIP TAMARAC FL

TITLE DT ☒ DELETE

NAME DEBOLT, M. JO
STREET ADDRESS 5455 N.W. 57TH ST.
CITY-ST-ZIP TAMARAC FL

TITLE VP ☐ DELETE

NAME ROSELINSKY, CHARLES
STREET ADDRESS 5720 NW 54TH WAY
CITY-ST-ZIP TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99 954 721-0089

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