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NONPROFIT CORPORATION ANNUAL REPORT

2000 [redacted]

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	Mailing Address
%JODI DOMBROSKY 5701 NW 54TH LANE TAMARAC FL 33319 US	% M IO DEBOLT 5455 NW 57TH ST TAMARAC FL 33319-8507

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26 c/o Jodi Dombrosky	3. Date Incorporated or Qualified 12/10/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 5701 NW 54 LANE	4. FEI Number 59-2255527 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 TAMARAC, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33319-8507 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61 Name

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

63

64 City FL 65 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIZZO, CHARLES		1.2 NAME		
STREET ADDRESS	5407 N.W. 56TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGHEE, PAT		2.2 NAME		
STREET ADDRESS	5710 NW 54TH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEIL, SALLY		3.2 NAME		
STREET ADDRESS	5811 NW 54TH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOMBROSKY, JODI		4.2 NAME		
STREET ADDRESS	5701 NW 54TH LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEBOLT, M. JO		5.2 NAME		
STREET ADDRESS	5455 N.W. 57TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSELINSKY, CHARLES		6.2 NAME		
STREET ADDRESS	5720 NW 54TH WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		6.4 CITY-ST-ZIP		

CR2E027 (11/98)

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 5/16/00 954-724-0059
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]