


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90002 028 \*\*\*\*61.25

<b>DOCUMENT # 755486</b> 1. Entity Name <b>THE WOODLANDS ESTATES HOMEOWNERS ASSOCIATION OF BROWARD COUNTY, INC.</b>	
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Principal Place of Business <b>C/O REGINA GONZALEZ 5701 NW 54TH LANE TERRACE TAMARAC, FL 33319 US</b>	Mailing Address <b>C/O REGINA GONZALEZ 5701 NW 54TH LANE TAMARAC, FL 33319 US</b>
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**54055723**



03152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2255527</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BALOCCHIO, JOSEPH M 7500 N.W. 5TH ST. 54 LANE FT. LAUDERDALE, FL 33319</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RIZZO, CHARLES TERIASZWILI, Pam 5407 NW 54TH CT, 5700 NW 54 TERRACE FT LAUDERDALE FL TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCGHEE, PAT 5710 NW 54TH LANE TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS KEIL, SALLY AJODHA, BETTY 5644 NW 54TH LANE 5720 NW 54 TERRACE TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GONZALEZ, REGINA 5701 NW 54TH LANE TERRACE TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>Regina Gonzalez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>5-1-04</b> Date	<b>954-724-3399</b> Daytime Phone #
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