

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000596

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** BROKEN WOODS GOLF TOWNHOUSES-PHASE II HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8940-8996 NW 38 DR  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770698  
CORAL SPRINGS, FL 330770698

**New Mailing Address:**

FEI Number: 65-1081999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HYLANDER, PHIL  
6991 NW 5 PL  
MARGATE, FL 33063      US

**Name and Address of New Registered Agent:**

HYLANDER, PHIL  
6993 NW 5 PL  
MARGATE, FL 33063      US

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: PHIL HYLANDER

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GOLDNER, LEONARD  
Address: 8960 NW 38TH DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V      ( ) Delete  
Name: TEES, CAROL  
Address: 8945 NW 38TH DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD      ( ) Delete  
Name: KESSELMAN, GARY  
Address: 8961 NW 38 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD GOLDNER

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date