

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N02000003364

1. Entity Name
**WOODCREST OFFICE CENTER OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O DENHOLTZ & ASSOCIATES
1600 ST. GEORGE AVENUE #108
RAHWAY, NJ 07065**

Mailing Address
**POST OFFICE BOX 1234
RAHWAY, NJ 07065**



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
22-3799293

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENHOLTZ, STEVEN MR.
STREET ADDRESS	POST OFFICE BOX 1234
CITY-ST-ZIP	RAHWAY, NJ 07065

TITLE	VD
NAME	HEIBERGER, NEIL MR.
STREET ADDRESS	POST OFFICE BOX 1234
CITY-ST-ZIP	RAHWAY, NJ 07065

TITLE	STD
NAME	SCHIMPF, JOHN MR.
STREET ADDRESS	POST OFFICE BOX 1234
CITY-ST-ZIP	RAHWAY, NJ 07065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000651438
03/08/07-80007-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #