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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90096 045 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N03207**

1. Corporation Name

**WOODMONT COUNTRY CLUB, INC.**

Principal Place of Business

**7801 NW 80TH AVENUE  
 TAMARAC FL 33321**

Mailing Address

**7801 NW 80TH AVENUE  
 TAMARAC FL 33321**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

3. Date Incorporated or Qualified

**05/18/1984**

4. FEI Number

**59-2452076**

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

**SLOANE, JERRY  
 7801 NW 80TH AVENUE  
 TAMARAC FL 33321**

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 **PD** ☐ DELETE

NAME **SLOANE, JERRY**  
 STREET ADDRESS **7699 N.W. 79TH AVENUE**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VPD** ☒ DELETE

NAME **KADIN, RODIE**  
 STREET ADDRESS **8288 PINE ROAD**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** ☒ DELETE

NAME **SLOANE, JERRY**  
 STREET ADDRESS **7699 NW 79TH AVE**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** ☐ DELETE

NAME **GREENBAUM, CHARLES**  
 STREET ADDRESS **8200 WATERFORD LANE**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** ☒ DELETE

NAME **SCHORR, PAUL**  
 STREET ADDRESS **7043 GOLF POINTE CIR**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VPD** ☐ DELETE

NAME **BIRKEN, IRVING**  
 STREET ADDRESS **8502 N.W. 82ND STREET**  
 CITY-ST-ZIP **TAMARAC FL 33321**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☐ Change ☒ Addition

1.2 NAME **Rothman, Charles**  
 1.3 STREET ADDRESS **7626 N.W. 87th Avenue**  
 1.4 CITY-ST-ZIP **Tamarac, FL 33321**

2.1 TITLE **TD** ☐ Change ☒ Addition

2.2 NAME **Harris, Paul**  
 2.3 STREET ADDRESS **7304 Corkwood Circle**  
 2.4 CITY-ST-ZIP **Tamarac, FL 33321**

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 **D** ☒ Change ☐ Addition

6.2 NAME **Birken, Irving**  
 6.3 STREET ADDRESS **8502 N.W. 82nd Street**  
 6.4 CITY-ST-ZIP **Tamarac, FL 33321**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Paul Harris* **PAUL HARRIS-TREAS 2/26/99 (954) 722-4310**

CR2E037 (11/98)