2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/8

FILED
Feb 12, 2007 8:00 am
Secretary of State
01-08-2007 90255 044 ****61.25

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1. Entity Name
THE WOODFIELD MENS CLUB, INC.

Principal Place of Business	Mailing Address
C/O LEWIS DUBERMAN 4004 AVALON POINTE DR BOCA RATON, FL 33496	C/O LEWIS DUBERMAN 4004 AVALON POINTE DR BOCA RATON, FL 33496

01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1924832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUBERMAN, LEWIN 4004 AVALON POINTE ~~DRV~~ DRIVE BOCA RATON, FL 33496 - 4008	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOX, EUGENE C/O LEWIS DUBERMAN, 4004 AVALONE POINTE DR BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONALD RESNICK D C/O LEWIS DUBERMAN, 4004 AVALON POINTE DR. BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUBINSTEIN, STUART C/O LEWIS DUBERMAN, 4004 AVALON POINTE DR BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARTHUR RUSKIN D SAME AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAFAZAN, SEYMOUR C/O LEWIS DUBERMAN, 4004 AVALON POINTE DR BOCA RATON, FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL SCHULMAN D SAME	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUBERMAN, LEWIS 4004 AVALON POINTE DR BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARVIN LEWIS S SAME	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL GLASS D SAME	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JERRY LOVE D SAME	☐ Change ☒ Addition

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: _____ 1/4/07 561-998-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #