
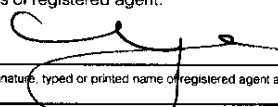
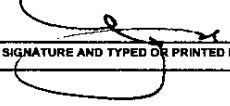


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90261 012 ****61.25

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|---|--|---|---|---|--|
| DOCUMENT # N05000000745 | | | |  | |
| 1. Entity Name THE CLUB AT WOODFIELD HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3301 QUANTUM BLVD., FIRST FLOOR BOYNTON BEACH, FL 33426 | | | Mailing Address 3301 QUANTUM BLVD., FIRST FLOOR BOYNTON BEACH, FL 33426 | | |
| 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 20-0439109 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CENTEX HOMES 3301 QUANTUM BLVD., FIRST FLOOR BOYNTON BEACH, FL 33426 | | | 7. Name and Address of New Registered Agent Name LANDARC, INC Street Address (P.O. Box Number is Not Acceptable) 6150 STATE RD 70 City BRADENTON FL Zip Code 34203 | | |
| 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 4.16.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$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 | D BIRNBAUM, LEWIS 3301 QUANTUM BLVD., FIRST FLOOR BOYNTON BEACH, FL 33426 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEVE SUORA 3301 QUANTUM BLVD FIRST FLOOR BOYNTON BEACH FL 33426 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BASELICE, DAVE 3301 QUANTUM BLVD BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, ROBERT 3301 QUANTUM BLVD. BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARON CAPUTO 8136 ORCHARD BLVD WPD FL 33411 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REYNOLDS, MICHAEL 3301 QUANTUM BLVD., FIRST FLOOR BOYNTON BEACH, FL 33426 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEREMY RUIZ 3301 QUANTUM BLVD FIRST FLOOR BOYNTON BEACH FL 33426 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  4.16.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |