

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N06302**

1. Entity Name  
**THE VILLAS OF NORTHWOODS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**3700 CLUBHOUSE LANE  
BOYNTON BEACH, FL 33436**

Mailing Address  
**3700 CLUBHOUSE LANE  
BOYNTON BEACH, FL 33436**



02082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2646870**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DICKER, KRIVOK & STOLOFF, PA  
1818 AUSTRALIAN AVE. SO. #400  
WEST PALM BEACH, FL 33409**

**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 KOPPEL, ERWIN  
STREET ADDRESS 3700 CLUBHOUSE LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE SD  
NAME FELSONHELD, ROBERT  
STREET ADDRESS 3700 CLUBHOUSE LN  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE TD  
NAME COHEN, ALVIN  
STREET ADDRESS 3700 CLUBHOUSE LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D  
NAME FRISCHMAN, DAVID  
STREET ADDRESS 3700 CLUBHOUSE LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VD  
NAME KNOPP, KENNETH  
STREET ADDRESS 3700 CLUBHOUSE LN  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/21/07-80013-019 61.25

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 #

*Alvin D. Cohen* *Pres.* *4/30/07* *561-734-5000*