


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90121 017 \*\*\*\*61.25

<b>DOCUMENT # N10793</b>					
<b>1. Entity Name</b> NORTHWOODS II AT HUNTERS RUN CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> D/B/A C.M.O. 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436			<b>Mailing Address</b> D/B/A C.M.O. 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04032008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-2689569				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LEVINE, JAY STEVEN 2500 N. MILITARY TRAIL SUITE 490 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> SD <b>NAME</b> SANDS, BOBBI <b>STREET ADDRESS</b> 3700 CLUBHOUSE LANE <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> GOLD, SIDNEY <b>STREET ADDRESS</b> 3700 CLUBHOUSE LANE <b>CITY-ST-ZIP</b> BOYNTON BCH., FL 33436	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> BLOOM, JERROLD <b>STREET ADDRESS</b> 3700 CLUBHOUSE LANE <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> SOLOMON, ELLIOT <b>STREET ADDRESS</b> 3700 CLUBHOUSE LN <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> FALKIN, ARTHUR <b>STREET ADDRESS</b> 3700 CLUBHOUSE LN <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> SANDS, BARBARA <b>STREET ADDRESS</b> 3700 CLUBHOUSE LN <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> FELDMAN, JOEL <b>STREET ADDRESS</b> 3700 CLUBHOUSE LN <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> MEYERSON, MARTIN <b>STREET ADDRESS</b> 3700 CLUBHOUSE LN <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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 of 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.</b>					
<b>SIGNATURE:</b> <i>Jerrod Bloom</i>		4/17/08		561-734-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	