

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90141 026 \*\*\*\*70.00

**DOCUMENT # N17792**

1. Entity Name

**THE HAMPTONS OF WOODFIELD COUNTRY CLUB  
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486  
US**

Mailing Address

**21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-0033370**

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

**WILLIAM K. ISAACSON,  
21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COHEN, CHARLES	
STREET ADDRESS	5799 HAMILTON WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTON, LISA	
STREET ADDRESS	3119 ST ANNE'S DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, ALLAN	
STREET ADDRESS	3262 NW 59TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIDLARSKY, STEVEN	
STREET ADDRESS	3148 NW 56TH ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINS, DR STEHEN	
STREET ADDRESS	3100 HARRINGTON DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GLAZMAN, AUBREY	
STREET ADDRESS	3283 HARRINGTON DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Leo Plevy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5916 St. Anne's Way	
STREET ADDRESS	Boca Raton, FL 33496	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Duplak, M.D.	
STREET ADDRESS	3113 Harrington Way	
CITY-ST-ZIP	Boca Raton, FL 33496	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/06  
Date

561.443.7788  
Daytime Phone #