

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90096 020 ****61.25

DOCUMENT # N31118

1. Entity Name

THE COURTS AT WOODLAND HOMEOWNERS' ASSOCIATION,

Principal Place of Business

Mailing Address

2085 UNIVERSITY DR.
 CORAL SPRINGS FL 33071

2085 UNIVERSITY DR.
 CORAL SPRINGS FL 33071-6132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0196313

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOUTHEAST CONDO MANAGEMENT
2085 UNIVERSITY DR
CORAL SPRINGS FL 33071

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BOBROW, IRIS**
 STREET ADDRESS **5825 NW 57TH AVE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD VENSON, EUNICE**
 STREET ADDRESS **5817 NW 57TH AVE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KINSEY, REBA**
 STREET ADDRESS **4902 NW 66TH AVE.**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD STRONG, PETRA**
 STREET ADDRESS **5823 NW 57TH AVE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VILLAS, CARMEN**
 STREET ADDRESS **5833 NW 57TH AVE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **DIRECTOR JOANI WEISS**
 STREET ADDRESS **5801 NW 57th Avenue**
 CITY-ST-ZIP **TAMARAC, FL 33319**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* / **IRIS L. BOBROW** 2/28/2000 (954) 527-6215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)