

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90079 035 \*\*\*\*61.25

**DOCUMENT #**

1. Entity Name

N31118

THE COURTS AT WOODLAND HOMEOWNERS' ASSOCIATION

Principal Place of Business

2085 UNIVERSITY DR  
 CORAL SPRINGS, FL 33071

Mailing Address

2085 UNIVERSITY DR  
 CORAL SPRINGS, FL 33071

2. Principal Place of Business

7101 W. COMMERCIAL BLVD

3. Mailing Address

PO BOX 26478

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4-A

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0196313

Applied For

Not Applicable

Zip

Country

33319

Broward

Zip

Country

33320-6478

Broward

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHEAST CONDO-MANAGEMENT  
 2085 UNIVERSITY DR  
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name  
~~ALLIANCE PROPERTY SYSTEMS~~

Street Address (P.O. Box Number is Not Acceptable)

7101 W. COMMERCIAL BLVD

SUITE 4-A

City

FORT LAUDERDALE

FL

Zip Code

33319

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

*IRIS BOBROW* IRIS BOBROW

4/11/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW**  
**SEE 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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	IRIS BOBROW	
STREET ADDRESS	5825 NW 57 AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	EUNICE VENSON	
STREET ADDRESS	5817 NW 57 AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REBA KINSEY	
STREET ADDRESS	4902 NW 66 AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	D/S	<input checked="" type="checkbox"/> Delete
NAME	PETRA STRONG	
STREET ADDRESS	5823 NW 57 AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOANI WEISS	
STREET ADDRESS	5801 NW 57 AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<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		

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:

*IRIS BOBROW* IRIS BOBROW

4/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

A0045016

DO NOT WRITE IN THIS SPACE