

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90042 010 \*\*\*\*61.25

**DOCUMENT # N31118**



1. Entity Name  
**THE COURTS AT WOODLAND HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**8360 W OAKLAND PARK BLVD  
SUITE 301  
SUNRISE, FL 33351**

Mailing Address  
**C/O ALLIANCE PROPERTY SYSTEMS  
PO BOX 452199  
FORT LAUDERDALE, FL 33345-2199**

40006030



2. Principal Place of Business

3. Mailing Address

01032005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**65-0196313**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIDSON, IRIS B  
5825 NW 57 AVE.  
FORT LAUDERDALE, FL 33319-2436**

Name **Alec Williams**

Street Address (P.O. Box Number is Not Acceptable)  
**J.A.M. Youth Connections, Inc.**

**3403 Powerline Road #804**

City **Fort Lauderdale**

**FL**

Zip Code  
**33309**

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.

**ALEC WILLIAMS**

**Alec Williams**

**JAN 19, 2005**

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIDSON, IRIS B 5825 NW 57TH AVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VENSON, EUNICE 5817 NW 57TH AVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WEISS, JOANI 5801 NW 57TH AVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK-YEN, BARBARA 5808 NW 57TH AVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREER, LAURA 5803 NW 57TH AVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Alec Williams 5815 Woodlands Blvd Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sean Chambers 5819 Woodlands Blvd Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Rodney Sanders 5847 Woodlands Blvd Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Clifford Frommer 5829 NW 57 Ave Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Williams 5823 Woodlands Blvd Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Leone Hall 5811 Woodlands Blvd Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 19, 2005**  
Date

Daytime Phone #