

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90139 046 ****70.00

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1. Entity Name

COVENTRY AT WOODFIELD COUNTRY CLUB, INC.



Principal Place of Business

LANG MGT CO
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

Mailing Address

LANG MGT CO
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40054355



1st MOORE

CR2E037 (10/04)

4. FEI Number
65-0551792

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

ISAACSOW, WILLIAM K.
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 reinstating)

DATE

FILE NOW: 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUPFERBERG, BARRY 3767 COVENTRY LN BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENIN, BUD 3798 COVENTRY LANE BOCA RATON FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOT CONKLING, STEVE 3763 COVENTRY LANE BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONEN, ILREN 3762 NW 65TH LN BOCA RATON FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISSAUER, JOANNE BOCA RATON, FL 33496	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, ILENE 3762 NW 65TH LANE BOCA RATON, FL 33496	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, HOWARD 3805 NW 65TH LANE BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Barry Kupferberg **BARREY KUPFERBERG** 4/6/05 994-6508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #