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May 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002688 (8)

1. Corporation Name

OUR PART OF THE WOODS, INC.

Principal Place of Business

Mailing Address

14917 ENCINO CIRCLE NO. AT GRAND PALMS  
PEMBROKE PINES FL 33027

14917 ENCINO CIRCLE NO. AT GRAND PALMS  
PEMBROKE PINES FL 33027



3. Date Incorporated or Qualified  
06/08/1995

3a. Date of Last Report  
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0594693

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, TERRY T  
14917 ENCINO CIRCLE NO. AT GRAND PALMS  
PEMBROKE PINES FL 33027

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT ☐ DELETE  
NAME SHERMAN, TERRY T  
STREET ADDRESS 14917 ENCINO CIRCLE NO. AT GRAND PALMS  
CITY-ST-ZIP PEMBROKE PINES FL 33027

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D TREASURER ☒ DELETE  
NAME SHERMAN, DON  
STREET ADDRESS 14917 ENCINO CIRCLE NO. AT GRAND PALMS  
CITY-ST-ZIP PEMBROKE PINES FL 33027

2.1 TITLE D TREASURER ☒ Change ☐ Addition  
2.2 NAME Dr. Harvey J. Broman  
2.3 STREET ADDRESS 18305 NW 12 St.  
2.4 CITY-ST-ZIP PEMBROKE PINES, FLA. 33029

TITLE D VICE-PRESIDENT ☐ DELETE  
NAME BATISTA, MARIA Q  
STREET ADDRESS 1814 S.W. 158TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33027

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME BATISTA, Maria Quintana  
3.3 STREET ADDRESS 820 SW 149 Ter  
3.4 CITY-ST-ZIP VICE-Pr.  
Pembroke Pines, FL 33027

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry T Sherman 4/25/97 454 438-9866

CR2E037 (9/96)