

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006503

1. Entity Name

LAKES OF WOODHAVEN CONDOMINIUM 2 ASSOCIATION, IN

Principal Place of Business

6001 OLD COURT RD.
BOCA RATON FL 33433

Mailing Address

615 EMERALD WAY EAST
DEERFIELD BCH. FL 33442-8608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, MICHAEL J
500 NE SPANISH RIVER BLVD #205
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

4. FEI Number

65-0799637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

TITLE	PD	☐ Delete
NAME	SARNOTSKY, MARTHA	
STREET ADDRESS	6221 OLD COURT ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPT	☐ Delete
NAME	NORRMAN, BRITT	
STREET ADDRESS	6221 OLD COURT RD.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	☐ Delete
NAME	CARDUCCI, BILL	
STREET ADDRESS	6215 OLD COURT RD.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	☒ Delete
NAME	CORRADINO, EMILY	
STREET ADDRESS	6229 OLD COURT RD.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	CRISTIANO, MICHAEL	
STREET ADDRESS	6191 Old Court Rd. #806	
CITY-ST-ZIP	Boca Raton, Fl. 33433	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Martha Sarnotsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Sarnotsky,

Date President

Daytime Phone #

CR2E037 (9/99)