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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006743 (5)**

1. Corporation Name

**WOODFIELD WOMENS CLUB, INC.**



Principal Place of Business	Mailing Address
3837 N.W. 56TH ROAD BOCA RATON FL 33496	3837 N.W. 56TH ROAD BOCA RATON FL 33496

3. Date Incorporated or Qualified	12/04/1997
4. FEI Number	38-4195663
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
SCHANMAN, SUSAN 3837 N.W. 56TH ROAD BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 700002489327 -04/15/98--01042--005
84 City
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 *Susan T. Schanman* 4/7/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D TRESURER <input type="checkbox"/> DELETE
NAME	SCHANMAN, SUSAN
STREET ADDRESS	3837 N.W. 56TH ROAD
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D 2nd V.P. (Co.) <input type="checkbox"/> DELETE
NAME	KESH, MARSHA
STREET ADDRESS	3837 N.W. 56TH ROAD
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D 2ND V.P. (Co.) <input type="checkbox"/> DELETE
NAME	GRANT, CHARLOTTE
STREET ADDRESS	3837 N.W. 56TH ROAD
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	RACHELIE KLEIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3246 HARRINGTON DRIVE
1.3 STREET ADDRESS	BOCA RATON, FL 33496
1.4 CITY-ST-ZIP	
2.1 TITLE	Recording Secty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phyllis WARE
2.3 STREET ADDRESS	3481 NW 51 ST PLACE
2.4 CITY-ST-ZIP	BOCA RATON FL 33496
3.1 TITLE	1ST VP (Co) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAROL STEINGARD
3.3 STREET ADDRESS	6541 NW 39 TERRACE
3.4 CITY-ST-ZIP	BOCA RATON FL 33496
4.1 TITLE	1ST VP. (Co) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEVERLY MAJOR
4.3 STREET ADDRESS	6424 NW 39 TERRACE
4.4 CITY-ST-ZIP	BOCA RATON FL 33496
5.1 TITLE	CORRESPONDING Secty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARLOTTE TANNENBAUM
5.3 STREET ADDRESS	4141 NW 60 Circle
5.4 CITY-ST-ZIP	BOCA RATON FL 33496
6.1 TITLE	EDITOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MADDY FINCH
6.3 STREET ADDRESS	6537 NW 38 ST
6.4 CITY-ST-ZIP	BOCA RATON FL 33496

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 in an attachment with an address.

SIGNATURE *Susan T. Schanman* 4-1-98 (S11962222)

CR2E037 (1097)