

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90040 045 \*\*\*\*61.25

**DOCUMENT # N97000006743**

1. Corporation Name

**WOODFIELD WOMENS CLUB, INC.**

Principal Place of Business

3837 N.W. 56TH ROAD  
BOCA RATON FL 33496

Mailing Address

3837 N.W. 56TH ROAD  
BOCA RATON FL 33496



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/04/1997

4. FEI Number

38-4195663

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

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

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

TITLE DT  
NAME SCHANMAN, SUSAN  
STREET ADDRESS 3837 N.W. 56TH ROAD  
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE DV  
NAME KESH, MARSHA  
STREET ADDRESS 3837 N.W. 56TH ROAD  
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE DV  
NAME GRANT, CHARLOTTE  
STREET ADDRESS 3837 N.W. 56TH ROAD  
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE P  
NAME KLEIN, RACHELLE  
STREET ADDRESS 3246 HARRINGTON DR  
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE S  
NAME WAZE, PHYLLIS  
STREET ADDRESS 3401 NW 51ST PLACE  
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE V  
NAME STEINGARD, CAROL  
STREET ADDRESS 6541 NW 39TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33496

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
LOIS SAIDEL  
SECTY  
6529 NW 38CT.  
BOCA RATON FL 33496

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/99 (561) 997940

CR2E037 (11/98)