1/19/00-90099-033-$61.25-$61.25

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90099 033 ****61.25

DOCUMENT # N97000006743

1. Entity 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 33496-2726

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 38-4195663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHANMAN, SUSAN
3837 N.W. 56TH ROAD
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ~~MP~~ MEMBERSHIP V.P. SCHANMAN, SUSAN 3837 N.W. 56TH ROAD BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TREASURER LEWIS, GAIL 4120 NW 60 CIRCLE BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~PR~~ PRESIDENT KESH, MARSHA 3837 N.W. 56TH ROAD BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPECIAL PROJECTS V.P. SCHUSTER, IRENE 4162 NW 60 CIRCLE BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GRANT, CHARLOTTE 3837 N.W. 56TH ROAD BOCA RATON FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MEMBERSHIP V.P. ZELENKOFSKE, SUNNIE 6514 NW 39 TERRACE BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLEIN, RACHELLE 3246 HARRINGTON DR BOCA RATON FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORRESP. SECTY FORSYTHE, MILLIE 6516 NW 39 TERRACE BOCA RATON FL 33496	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WAZE, PHYLLIS 3401 NW 51ST PLACE BOCA RATON FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAIDEL, LOIS 6529 NW 38CT BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDITOR FINCH, MADDI 6537 LANDINGS CT. BOCA RATON, FL 33496	☐ Change ☒ Addition

CR2E037 (9/99)

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: ~~SIGNATURE REQUIRED~~ SUSAN T. SCHANMAN 1/6/00 (561)997-9402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #