


# 2004 ~~NOT-FOR-PROFIT~~ CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000006743</b>	
--------------------------------	---

1. Entity 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



02022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0985647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHANMAN, SUSAN 3837 N.W. 56TH ROAD BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONDAK, ANDI 4266 NW 62ND RD BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, GAIL 4120 NW 60 CIRCLE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBOW, SHEILA 3809 NW 56 RD BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLAVITT, SHARON 3978 NW 57 ST BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHER, RHODA 4101 NW 60 CIR BOCA RATON, FL 33496

**DO NOT WRITE  
IN THIS SPACE**

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:**

*SHEILA DUBOW*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/4/04 561-995-7848*  
Date Daytime Phone #