

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90071 003 ****61.25

DOCUMENT # N97000006743 1. Entity Name WOODFIELD WOMENS CLUB, INC.					
Principal Place of Business 0000000000000000 0000000000000000				Mailing Address 0000000000000000 0000000000000000	
2. Principal Place of Business		3. Mailing Address 4193 BRIARCLIFF CR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BOCA RATON, FL		4. FEI Number 65-0985647	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33496		Country U.S.A		Applied For Not Applicable	
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 MARILYN RICH Street Address (P.O. Box Number is Not Acceptable) 4193 BRIARCLIFF CIRCLE BOCA RATON, FL 33496 City FL Zip Code 33496		
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 <u><i>Marilyn Rich</i></u> TREASURER 2/24/5 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHANMAN, SUSAN 3837 N.W. 56TH ROAD BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARILYN RICH 4193 BRIARCLIFF CIRCLE BOCA RATON, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONDAK, ANDI 4266 NW 62ND RD BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, GAIL 4120 NW 60 CIRCLE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBOW, SHEILA 3809 NW 56 RD BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLAVITT, SHARON 3978 NW 57 ST BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHER, RHODA 4101 NW 60 CIR BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Marilyn Rich</i></u> MARILYN RICH 2/24/5 561-995-7121 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					