



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006743		
1. Entity Name WOODFIELD WOMENS CLUB, INC.		
Principal Place of Business 3837 N.W. 56TH ROAD BOCA RATON, FL 33496	Mailing Address 4193 BRIARCLIFF CR BOCA RATON, FL 33496	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent RICH, MARILYN 4193 BRIAR CLIFF CIRCLE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICH, MARILYN 4193 BRIARCLIFF CIRCLE BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONDAK, ANDI 4266 NW 82ND RD 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01122006 No Chg-NP CR2E037 (11/05)

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

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01/20/06-80054-006 61.25

**DO NOT WRITE
IN THIS SPACE**

1/17/06 561-995-712
Date Daytime Phone #