

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90031 015 \*\*\*\*61.25

DOCUMENT # *N 97000006743*

1. Entity Name

*WOODFIELD WOMENS CLUB, INC*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3837 N.W. 56th ROAD*

Suite, Apt. #, etc.

3. Mailing Address

*4193 BRIARCLIFF CC*

Suite, Apt. #, etc.

*40044886*

CR2E037B (8/05)

City & State

*BOCA RATON, FL*

City & State

*BOCA RATON, FL*

4. FEI Number

*65-0985647*

Applied For

Not Applicable

Zip  
*33494*

Country

*U.S.A.*

Zip  
*33496*

Country

*U.S.A.*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*MARILYN RICH*

Street Address (P.O. Box Number is Not Acceptable)

*4193 BRIARCLIFF CIRCLE*

*BOCA RATON*

City

**FL**

Zip Code

*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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PD  
SUNDAR, RANDI  
4266 NW 62ND ROAD  
BOCA RATON, FL 33496*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Rich* *MARILYN RICH*

*3/24/7 561-995-7121*