

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-29-2003 90310 037 ****61.25

1/25

DOCUMENT # N97000006743

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**

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 **65-0985647**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

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	SECRETARY (S)	<input type="checkbox"/> Delete
NAME	SCHANMAN, SUSAN	
STREET ADDRESS	3837 N.W. 56TH ROAD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	V.P. PRESIDENT (P)	<input type="checkbox"/> Delete
NAME	SONDAK, ANDI	
STREET ADDRESS	4266 NW 62ND RD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	MEMBERSHIP (M)	<input type="checkbox"/> Delete
NAME	LEWIS, GAIL	
STREET ADDRESS	4120 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SCHUSTEK, IRENE	
STREET ADDRESS	4162 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	MV	<input checked="" type="checkbox"/> Delete
NAME	ZELINKOFSKE, SUNNIE	
STREET ADDRESS	6514 NW 39 TERR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAIDEL, LOIS	
STREET ADDRESS	6529 NW 38CT	
CITY-ST-ZIP	BOCA RATON FL 33496	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEILA DUBOW	
STREET ADDRESS	3809 NW 56 RD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ASST. TO PRESIDENT (A)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON SLAVITT	
STREET ADDRESS	3978 NW 57 ST.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	RECORDING SECRETARY (RS)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODA KAHER	
STREET ADDRESS	4101 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 SHEILA DUBOW

1/24/03

561-995-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)