

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90089 019 \*\*\*150.00

**DOCUMENT # 248119**  
 1. Entity Name  
**WOODCREST TERRACE APARTMENTS INC**

|  |  |
|--|--|
| Principal Place of Business<br>615 SOUTH RIVERSIDE DRIVE<br>POMPANO BEACH FL 33062 | Mailing Address<br>615 SOUTH RIVERSIDE DRIVE<br>POMPANO BEACH FL 33062 |
|--|--|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip Country                    | Zip Country         |

DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-1454410</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Name and Address of Current Registered Agent<br><b>BROESAMLE, WADE</b><br><b>615 S RIVERSIDE DR #7</b><br><b>POMPANO BCH FL 33062</b> |                                       |
| 7. Name and Address of New Registered Agent  |                                       |
| Name   |                                       |
| Street Address (P.O. Box Number is Not Acceptable)   |                                       |
| City   | <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LAFFERANDRE, PATRICIA<br>615 S RIVERSIDE DRIVE #10<br>POMPANO BCH FL 33062 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V.P. VICE PRESIDENT<br>PATRICIA KAPP<br>615 S. RIVERSIDE DR. #10<br>POMPANO BEACH FL. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SHRYOCK, GRACE<br>615 S RIVERSIDE DR<br>POMPANO BEACH FL <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BROESAMLE, WADE<br>615 S RIVERSIDE DR #7<br>POMPANO BEACH FL 33062 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DUNN, JOAN<br>615 S RIVERSIDE DRIVE #1<br>POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREASURER<br>PAULINE WERTIN<br>615 S. RIVERSIDE DR. APTS.<br>POMPANO BEACH FL. 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ASSISTANT SECRETARY<br>JOSEPH STRAMANDINOLI<br>615 S. RIVERSIDE DR #3<br>POMPANO BEACH FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: Wade Broesamle Date: 02/20/02 (954) 234-9660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #