


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90009 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743828

1. Corporation Name
WOODGATE ASSOCIATION, INC.

Principal Place of Business 6908 SW 128TH CT MIAMI FL 33183	Mailing Address 6908 SW 128TH CT MIAMI FL 33183
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1866638
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

YABLIN, ARNOLD
 699 S FEDERAL HWY
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHEWBROOKS, WILLIAM	
STREET ADDRESS	6949 SW 128TH CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, VICTOR	
STREET ADDRESS	6611 SW 128 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	PROUT, JAMES	
STREET ADDRESS	12831 SW 66 TERR DR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JOSE	
STREET ADDRESS	7119 SW 128 CT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, CELIA	
STREET ADDRESS	12840 SW 67TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Art Stein	
1.3 STREET ADDRESS	6631 SW 128 Court	
1.4 CITY-ST-ZIP	Miami, FL 33183	
2.1 TITLE	Secretary-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eddie Fernandez	
2.3 STREET ADDRESS	12865 SW 66 TR Drive	
2.4 CITY-ST-ZIP	Miami, FL 33183	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George Pappas	
4.3 STREET ADDRESS	12841 SW 66 TR Drive	
4.4 CITY-ST-ZIP	Miami, FL 33183	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Shewbrooks* **President** 7/28/99 305-233-9678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)