


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 SEP 29 PM 12:09

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 743828		
1. Entity Name WOODGATE ASSOCIATION, INC.		

Principal Place of Business 6908 SW 128TH COURT MIAMI, FL 33183	Mailing Address 6908 SW 128TH COURT MIAMI, FL 33183
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2. Principal Place of Business - No P.O. Box # 15600 SW 288ST Suite, Apt. #, etc. Suite 406	3. Mailing Address P.O. Box 924176 Suite, Apt. #, etc.
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City & State Homestead FL	City & State Homestead, FL
Zip 33033	Country USA
Zip 33092	Country USA

6. Name and Address of Current Registered Agent GLASSFORD, DALE <del>1292 SW 133 COURT</del> 12928 SW 133 Ct. MIAMI, FL 33186	
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09092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1866638	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 100136518061	
10/01/08--01019--007 **\$1.25	
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 DALE GLASSFORD, ESQ. DATE 9/18/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KROCHMAL, FREDERIC S 12732 SW 68 LANE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6908 SW 128 Ct. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESPINOSA-PEREZ, LILIA 7108 SW 127 PLACE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6908 SW 128 Ct. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, JOSE A 6835 SW 128 COURT MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6908 SW 128 Ct. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, JERRILYN 12945 SW 66 TERRACE DRIVE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6908 SW 128 Ct. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, TAMARA 6631 SW 128 COURT MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6908 SW 128 Ct. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DALE GLASSFORD, ESQ. President Date 9/12/2008 305/246-5867  
Signature and typed or printed name of signing officer or director Daytime Phone #

9/30/08