

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754306 (9)

1. Corporation Name

WOODLAKE ISLES, INC.

Principal Place of Business Mailing Address
670 GOLD COAST PROPERTY MANAGEMENT
10001 W. OAKLAND BLVD.
SUNRISE FL 33351
670 GOLD COAST PROPERTY MANAGEMENT
10001 W. OAKLAND BLVD.
SUNRISE FL 33351-60252. Principal Place of Business 2a. Mailing Address
21 A.M. Property Management
Suite, Apt. #, etc.
22 3475 HIATUS Rd
City & State
23 Sunrise, Florida
Zip Country
24 33351 25 USA
26 A.M. Property Mgt
Suite, Apt. #, etc.
27 3475 HIATUS Rd
City & State
28 Sunrise, Florida
Zip Country
29 33351 30 USA3. Date Incorporated or Qualified 09/24/1980 3a. Date of Last Report 02/09/1996
4. FEI Number 59-2084807 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLD COAST PROPERTY MANAGEMENT
10001 W OAKLAND PARK BLVD.
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name Malcolm H. Waldron III
82 Street Address (P.O. Box Numbers Not Acceptable)
3475 Hiatus Road
83
84 City Sunrise FL 85 Zip Code 33351

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 4/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHLOSS, JAN	1.2 NAME	
STREET ADDRESS	705 BANKS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCHNICK, SID	2.2 NAME	
STREET ADDRESS	687 BANKS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIEDLE, NORMA	3.2 NAME	
STREET ADDRESS	643 BANKS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, SHARON	4.2 NAME	
STREET ADDRESS	743 BANKS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASIELLO, SUE	5.2 NAME	
STREET ADDRESS	645 BANKS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAMER, CHUCK (CHARLES)	6.2 NAME	
STREET ADDRESS	675 BANKS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)