


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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90351 003 \*\*\*\*61.25

**DOCUMENT # N21252**

1. Entity Name  
**WOODS WALK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**% ASSOCIATED PROPERTY MANAGEMENT**  
400 S DIXIE HWY SUITE #10  
LAKE WORTH FL 33460

**% ASSOCIATED PROPERTY MANAGEMENT**  
400 S DIXIE HWY SUITE #10  
LAKE WORTH FL 33460

**55038354**

2. Principal Place of Business      3. Mailing Address

*Associated Property Mgmt*      *Associated Property Mgmt*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*1928 LAKE WORTH RD*      *1928 LAKE WORTH RD.*



CHECK HERE IF MAKING CHANGES

City & State      City & State

*LAKE WORTH, FL*      *LAKE WORTH, FL*

Zip      Country      Zip      Country

*33461*      *USA*      *33461*      *USA*

4. FEI Number **65-0054869**      Applied For

Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANagements**  
400 S DIXIE HIGHWAY SUITE 10  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name *ASSOCIATED PROPERTY MANAGEMENT*

Street Address (P.O. Box Number is Not Acceptable)  
*1928 LAKE WORTH RD.*

City *LAKE WORTH*      FL      Zip Code *33461*

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 \_\_\_\_\_ DATE *4/15/03*

*Agent*

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	PASCALE, VICTOR	9744 WOOD PINE COURT	LAKE WORTH FL	<input type="checkbox"/>
TD	GRADOMSKI, DIANE	8864 CROSS PINE CT	LAKE WORTH FL	<input type="checkbox"/>
VPO	SCHOENBERG, ED	3606 WOODS WALK BLVD	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 info empowered.

SIGNATURE: *DIANE GRADOMSKI*      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)