

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 7:09

DOCUMENT # 754306

(9)

1. Corporation Name

WOODLAKE ISLES, INC.

Principal Place of Business

Mailing Address

C/O GOLD COAST PROPERTY MANAGEMENT
10001 W. OAKLAND BLVD.
SUNRISE FL 33351

C/O GOLD COAST PROPERTY MANAGEMENT
10001 W. OAKLAND BLVD.
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1980

3a. Date of Last Report

02/15/1994

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when handling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	SHLOSS, JAN
STREET ADDRESS	705 BANKS ROAD
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	P
NAME	HARTMAN, JERRY
STREET ADDRESS	697 BANKS ROAD
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	D
NAME	NORMA TREIBLE
STREET ADDRESS	643 BANKS ROAD
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	T
NAME	WALLACE, DAVID
STREET ADDRESS	699 BANKS ROAD
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	DS
NAME	LAURA ROBERTS
STREET ADDRESS	583 BANKS ROAD
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	MICHAEL KATEN
STREET ADDRESS	765 BANKS ROAD
CITY - ST - ZIP	MARGATE FL

11 TITLE	1ST SECRET/DIRECTOR	☒ Change ☐ Addition
12 NAME	SHLOSS, JAN	
13 STREET ADDRESS	705 BANKS RD.	
14 CITY - ST - ZIP	MARGATE, FL. 33063	
21 TITLE	TRES	☒ Change ☐ Addition
22 NAME	MUCHNICK, SID	
23 STREET ADDRESS	687 BANKS RD	
24 CITY - ST - ZIP	MARGATE, FL. 33063	
31 TITLE	VP	☒ Change ☐ Addition
32 NAME	TREIBLE, NORMA	
33 STREET ADDRESS	643 BANKS RD	
34 CITY - ST - ZIP	MARGATE, FL. 33063	
41 TITLE	TREAS/DIC	☒ Change ☐ Addition
42 NAME	ROSS, SHARON	
43 STREET ADDRESS	743 BANKS RD.	
44 CITY - ST - ZIP	MARGATE FL-33063	
51 TITLE	SECRETARY	☒ Change ☐ Addition
52 NAME	MASIELLO, SUE	
53 STREET ADDRESS	645 BANKS RD.	
54 CITY - ST - ZIP	MARGATE, FL. 33063	
61 TITLE	DIRECTOR	☒ Change ☐ Addition
62 NAME	KRAMER, CHUCK (CHARLES)	
63 STREET ADDRESS	675 BANKS RD	
64 CITY - ST - ZIP	MARGATE, FL. 33063	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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 (changed, or on an attachment with an address.

SIGNATURE: *Sharon Ross* SHARON ROSS 3/15/95

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

1 (over)

1 (before) 1 (over) 2