

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA 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

**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**

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

3. Date Incorporated or Qualified
09/24/1980

3a. Date of Last Report
03/29/1995

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

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**ASD
SHLOSS, JAN
705 BANKS ROAD
MARGATE, FL 00000**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**P
MUCHNICK, SID
687 BANKS RD
MARGATE, FL 00000**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VP
TRIEDL, NORMA
643 BANKS ROAD
MARGATE, FL 00000**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TD
ROSS, SHARON
743 BANKS RD
MARGATE, FL 00000**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**S
MASIELLO, SUE
645 BANKS RD
MARGATE FL**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D
KRAMER, CHUCK (CHARLES
675 BANKS RD
MARGATE FL**

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 119.07(3)(k), 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.

SIGNATURE:

Sharon Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

Daytime Phone #

CR2E037 (12/95)