

# 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 # 743828**

**(6)**

1. Corporation Name

**WOODGATE ASSOCIATION, INC.**

Principal Place of Business

**6908 SW 128TH CT  
MIAMI FL 33183**

Mailing Address

**6908 SW 128TH CT  
MIAMI FL 33183**



3. Date Incorporated or Qualified

**08/07/1978**

3a. Date of Last Report

**03/02/1995**

4. FEI Number

**59-1866638**

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YABLIN, ARNOLD  
699 S FEDERAL HWY  
HOLLYWOOD FL 33020**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE  
NAME **SHEWBROOKS, WILLIAM**  
STREET ADDRESS **6949 SW 128TH CT**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **PD** ☐ DELETE  
NAME **GONZALEZ, JOSE**  
STREET ADDRESS **7119 SW 128 CT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE  
NAME **STEIN, TAMMY**  
STREET ADDRESS **6831 SW 128TH CT.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **HUDZIAK, HAROLD**  
STREET ADDRESS **6944 SW 128 CT.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **SCHAFER, BECKY**  
STREET ADDRESS **12943 SW 67TH LANE**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SD** ☐ DELETE  
NAME **ALVAREZ, CELIA**  
STREET ADDRESS **12840 SW 67TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

**S/D  
FERNANDEZ, EDDY  
12865 SW 66 Terr. Dr.  
MIAMI, FL 33183**

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/96 753828789**

CR2E037 (12/95)