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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747169

1. Corporation Name

WOODLAKE APARTMENTS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**462 GOLDEN ISLES DRIVE
HALLANDALE FL 33009**

Mailing Address

**462 GOLDEN ISLES DRIVE
HALLANDALE FL 33009**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/14/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2181402	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MILES, DAVID
462 GOLDEN ISLES DR.
UNIT #311
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, DAVID	1.2 NAME	
STREET ADDRESS	462 GOLDEN ISLES DRIVE, #311	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECTOL, ELISABETH	2.2 NAME	Terence Pereira
STREET ADDRESS	462 GOLDEN ISLES DRIVE, #102	2.3 STREET ADDRESS	462 Golden Isles Dr #202
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	Hallandale 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, SELMA	3.2 NAME	Raymond Chanaud
STREET ADDRESS	462 GOLDEN ISLES DRIVE, #211	3.3 STREET ADDRESS	462 Golden Isles Dr #308
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEL, THERESE	4.2 NAME	Mary Ann Reichl
STREET ADDRESS	462 GOLDEN ISLES DR, #309	4.3 STREET ADDRESS	462 Golden Isles Dr #307
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEL, YVON	5.2 NAME	
STREET ADDRESS	462 GOLDEN ISLES DR, #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Cal Wynston
STREET ADDRESS		6.3 STREET ADDRESS	462 Golden Isles Dr #110
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hallandale, FL 33009

14. I 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, with all other like empowered.

SIGNATURE:

Yvonne Hamel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 5/99
Date

457-7042
Daytime Phone #

CR2E037 (11/98)