

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90009 046 \*\*\*\*61.25

**DOCUMENT # 743828**

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

602423-90009-46



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/07/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1866638	
24 Country		29 Country		30	
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President -Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SHEWBROOKS, WILLIAM		1.2 NAME	Art Stein			
STREET ADDRESS	6949 SW 128TH CT		1.3 STREET ADDRESS	6631 SW 128 Court			
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	Miami, FL 33183			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary-Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LOPEZ, VICTOR		2.2 NAME	Eddie Fernandez			
STREET ADDRESS	6611 SW 128 CT		2.3 STREET ADDRESS	12865 SW 66 TR Drive			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33183			
TITLE	TO	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PROUT, JAMES		3.2 NAME				
STREET ADDRESS	12831 SW 66 TERR DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33183		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GONZALEZ, JOSE		4.2 NAME	George Pappas			
STREET ADDRESS	7119 SW 128 CT		4.3 STREET ADDRESS	12841 SW 66 TR Drive			
CITY-ST-ZIP	MIAMI FL 33183		4.4 CITY-ST-ZIP	Miami, FL 33183			
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALVAREZ, CELIA		5.2 NAME				
STREET ADDRESS	12840 SW 67TH TERRACE		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William Pappas* President 7/28/99 305-233-9678

CR2E037 (5/99)