2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90204 029 ****61.25

DOCUMENT # 747169

1. Entity Name

WOODLAKE APARTMENTS CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 462 GOLDEN ISLES DRIVE #307	Suite, Apt. #, etc. SAME AS 2.
City & State HALLANDALE BEACH, FL	City & State
Zip 33009 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2181402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JAMES BRAGONIER

Street Address (P.O. Box Number is Not Acceptable) 462 GOLDEN ISLES DR. #210

City HALLANDALE BEACH, **FL** Zip Code 33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE James Bragonier PRESIDENT 4-26-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID MILES 462 GOLDEN ISLES DR 311 HALLANDALE BEACH, FL 33009 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES BRAGONIER 462 GOLDEN ISLES DRIVE #210 HALLANDALE BEACH, FL 33009 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAL WYNSTON 462 GOLDEN ISLES DR 110 HALLANDALE BEACH, FL 33009 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MICHAEL CASCHETTE 462 GOLDEN ISLES DRIVE #211 HALLANDALE BEACH, FL 33009 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TERENCE PEREIRA 462 GOLDEN ISLES DR 202 HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERENCE PEREIRA 462 GOLDEN ISLES DR #202 HALLANDALE BEACH, FL 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~ALAN~~ RAYMON CHANAUD 462 GOLDEN ISLES DR ~~308~~ 308 HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARY ANN REICHL 462 GOLDEN ISLES DRIVE #307 HALLANDALE BEACH, FL 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARY ANN REICHL 462 GOLDEN ISLES DR 307 HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONIQUE LEGRES 462 GOLDEN ISLES DR #203 HALLANDALE BEACH, FL 33009 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YVON HAMEL 462 GOLDEN ISLES DRIVE 204 HALLANDALE BEACH, FL 33009. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Bragonier 4-26-00 954-456-7855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #