

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747169

**Entity Name:** WOODLAKE APARTMENTS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**462 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009**Current Mailing Address:**462 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009 US**FEI Number:** 59-2181402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.  
2149 N COMMERCE PARKWAY  
WESTON, FL 33326 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ASTENGO-DUVOISIN, ANGEL  
Address        462 GOLDEN ISLES DRIVE  
                  304  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           THOUIN, CHRISTIANE  
Address        107 DE LAVAL  
City-State-Zip: BROMONT J2L1M2

Title           PRESIDENT  
Name           AYDELOTTE, THOMAS  
Address        3919 SHARONDALE DR  
City-State-Zip: HAMBURG NY 14075

Title           VP  
Name           ROBERTO, AVELLA  
Address        468 GOLDEN ISLES DR  
                  201  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           MARTINEZ, RAGNAR PABLO  
Address        462 GOLDEN ISLES DR.  
                  208  
City-State-Zip: HALLANDALE FL 33009

Title           SECRETARY  
Name           ANGELI, ANNALISA  
Address        468 GOLDEN ISLES DR  
                  201  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           PAUL, MARINO J.  
Address        156 SHORT BEACH RD  
City-State-Zip: EAST HAVEN CT 06512

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGEL ASTENGO-DUVOISIN**TREASURER****01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date