

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754306

Entity Name: WOODLAKE ISLES, INC.**Current Principal Place of Business:**1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**Current Mailing Address:**1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**FEI Number:** 59-2084807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILBERG KLEIN PL
5550 GLADES RD - STE. 500
BOCA RATON, FL 33431 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	VP
Name	PACE, LORETTA
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT
Name	CORDERO, LUIS
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	SUE, KARPINSKI
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	WREN, CHARLES
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER
Name	ROSSI, BEVERLY
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

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: LUIS CORDERO**PRESIDENT****06/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date