

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754306

**Entity Name:** WOODLAKE ISLES, INC.**Current Principal Place of Business:**

C/O REALMANAGE/ASG  
9050 PINES BOULEVARD SUITE 480  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

C/O REALMANAGE/ASG  
P O BOX 803555  
DALLAS, TX 75380 US

**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 C/O REALMANAGE/ASG  
9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title PRESIDENT  
Name CORDERO, LUIS  
Address C/O REALMANAGE/ASG  
9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER  
Name PINTO, MILDRED  
Address C/O REALMANAGE/ASG  
9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY  
Name SCHIAVONE, FONTAINE  
Address C/O REALMANAGE/ASG  
9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name HARRIS, KAREN  
Address C/O REALMANAGE/ASG  
9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

*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

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date