

2022 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:** Yes**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 PRESIDENT
Name SEDA, MARIALLIS
Address C/O REALMANAGE/ASG
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VP
Name SMITH, BERTHA
Address C/O REALMANAGE/ASG
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER
Name MUZAC, DANIELLE
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

Title SECRETARY
Name HELIN, MARIANNA
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: MARIALLIS SEDA**PRESIDENT****03/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date