

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 248119

Entity Name: WOODCREST TERRACE APARTMENTS INC

Current Principal Place of Business:

615 SOUTH RIVERSIDE DRIVE
#7
POMPANO BEACH, FL 33062

FILED
Apr 24, 2023
Secretary of State
8122082798CC

Current Mailing Address:

JSB PROPERTY MANAGEMENT
PO BOX 50373
LIGHTHOUSE PT, FL 33074 US

FEI Number: 59-1454410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVIN, CHERYL
4694 NW 103RD AVENUE
SUNRISE , FL 33351 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: CHERYL LEVIN

04/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DERYNDA, JOHN
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIGHTHOUSE PT FL 33074

Title VP
Name SIMPSON, EDWARD
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIGHTHOUSE PT FL 33074

Title SECRETARY
Name KREISEL, EMILY
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIGHTHOUSE PT FL 33074

Title TREASURER
Name HURTON, MAUREEN
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIHTHOUSE PT FL 33074

Title DIRECTOR
Name AFFINITO, JOSEPH
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIGHTHOUSE PT FL 33074

Title DIRECTOR
Name BISHOP, JANE
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIGHTHOUSE PT FL 33074

Title DIRECTOR
Name STOREY, JAMES
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIGHTHOUSE PT FL 33074

Title DIRECTOR
Name MASCIOVECCHIO, MARIE
Address JSB PROPERTY MANAGEMENT
 PO BOX 50373
City-State-Zip: LIGHTHOUSE PT FL 33074

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN DERYNDA

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date