

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90103 008 ****61.25

DOCUMENT # 734421

1. Entity Name
WOOD HUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7100 W COMMERCIAL BLVD STE 107
FORT LAUDERDALE, FL 33319**

Mailing Address
**7100 W COMMERCIAL BLVD STE 107
FORT LAUDERDALE, FL 33319**

40076863



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State
Lauderhill

City & State
Lauderhill

4. FEI Number
59-1767360

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GREENE, LOUISE A**
STREET ADDRESS **4241 NW 21ST STREET, #153**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **VPDT** ☐ Delete
NAME **LAWRENCE, KARL**
STREET ADDRESS **4240 NW 21ST 143**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **SD** ☒ Delete
NAME **RICKETTS, MAUREEN**
STREET ADDRESS **4240 NW 21 STT 131**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33313**

TITLE **PD** ☐ Delete
NAME **ROWE, PHILBERT**
STREET ADDRESS **4240 NW 21 STT 147**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33313**

TITLE **D** ☒ Delete
NAME **WHITELOW, JEFF**
STREET ADDRESS **4221 NW 19 ST 296**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33313**

TITLE **D** ☐ Delete
NAME **LEWIS, PAUL**
STREET ADDRESS **4230 NW 21 ST 240**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33313**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TO** ☐ Change ☒ Addition
NAME **Newman, Dunston**
STREET ADDRESS **4211 NW 19 St. #174**
CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Francis-Miller, Lorraine**
STREET ADDRESS **4221 NW 19 St. #282**
CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Mitchell, Marty**
STREET ADDRESS **1401 NW 46 Avenue**
CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorraine Francis Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #