02231999-90030-027-$61.25-$61.25

# FILED
# Feb 23, 1999 8:00 am
# Secretary of State

02-23-1999 90030 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

272810 - 90120 - 28

## DOCUMENT # 741548

1. Corporation Name

WOODCREEK CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1801 N.E. 140TH STREET<br>NORTH MIAMI FL 33181<br>US | 1801 N.E. 140TH STREET<br>NORTH MIAMI FL 33181<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

3. Date Incorporated or Qualified: 02/07/1978

4. FEI Number: 59-1855930 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CAMELLET DESIR<br>1801 N.E. 140TH STREET<br>#213<br>NORTH MIAMI FL 33181 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PDS | ☑ DELETE | 1.1 TITLE | PRESIDENT | ☑ Change ☐ Addition |
| NAME | DESIR, CAMELLO | | 1.2 NAME | SMITH, RAY | |
| STREET ADDRESS | 1801 N.E. 140 STREET #213 | | 1.3 STREET ADDRESS | 1801 NE 140 ST. #306 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | | 1.4 CITY-ST-ZIP | NORTH MIAMI, FL. 33181 | |
| TITLE | VPFD | ☑ DELETE | 2.1 TITLE | VICE PRESIDENT | ☑ Change ☐ Addition |
| NAME | SMITH, RAY | | 2.2 NAME | DESIR, CAMELLET | |
| STREET ADDRESS | 1801 N.E. 140TH STREET #306 | | 2.3 STREET ADDRESS | 1801 NE 140 ST. # 209 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 3.1 TITLE | V.P.D | ☑ Change ☐ Addition |
| NAME | AVENDAVO, GUILLERMO | | 3.2 NAME | AVENDANO Guillermo | |
| STREET ADDRESS | 1801 N.E. 140TH STREET #301 | | 3.3 STREET ADDRESS | 1801 N-E 140 STREET # 301 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | D. | ☑ Change ☐ Addition |
| NAME | MAINARDE, ANGELA | | 4.2 NAME | MANARDE ANGELO | |
| STREET ADDRESS | 1801 N.E. 140TH STREET #205 | | 4.3 STREET ADDRESS | 1801 N-E 140 STREET # 205 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | | 4.4 CITY-ST-ZIP | North MIAMI FLA 33181 | |
| TITLE | TD | ☑ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COOPORRITES, CARL | | 5.2 NAME | | |
| STREET ADDRESS | 1801 N.E. 140TH STREET #101 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1/8/99 305 891-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #