

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90071 038 ****61.25

DOCUMENT # 741548

1. Entity Name

WOODCREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1801 N.E. 140TH STREET
 NORTH MIAMI FL 33181
 US

1801 N.E. 140TH STREET
 NORTH MIAMI FL 33181-1300
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1855930

Applied For

Not Applicable

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

CAMELLET DESIR
 1801 N.E. 140TH STREET
 #213
 NORTH MIAMI FL 33181

Name **Ray Smith, President**
 Street Address (P.O. Box Number is Not Acceptable)
1801 N.E. 140 ST. #306
N. Miami, FL - 33181
 City **FL** Zip Code **1**

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.

SIGNATURE **RAY SMITH**
 Signature, typed or printed name of registered agent and title if applicable.

Ray Smith
 (NOTE: Registered Agent signature required when reinstating)

June 24, 2000
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDS	☐ Delete
NAME	DESIR, CAMELO	
STREET ADDRESS	1801 N.E. 140 STREET #213	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	VP	☐ Delete
NAME	SMITH, RAY	
STREET ADDRESS	1801 N.E. 140TH STREET #306	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	VPD	☐ Delete
NAME	AVENDAHO, GUILLERMO	
STREET ADDRESS	1801 N.E. 140TH STREET #301	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	☐ Delete
NAME	MAINARDE, ANGELA	
STREET ADDRESS	1801 N.E. 140TH STREET #205	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☐ Change ☐ Addition
NAME	Smith, Ray	
STREET ADDRESS	1801 NE 140 ST #306	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	Treasurer	☐ Change ☐ Addition
NAME	Smith, Marvella	
STREET ADDRESS	1801 NE 140 ST #306	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	V.P. Operations	☐ Change ☐ Addition
NAME	Avendano, Guillermo	
STREET ADDRESS	1801 NE 140 ST #301	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	Secretary	☐ Change ☐ Addition
NAME	Avendano, Lilly	
STREET ADDRESS	1801 NE 140 ST #301	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	Director	☐ Change ☐ Addition
NAME	Mainardi, Angelo	
STREET ADDRESS	1801 NE 140 ST #205	
CITY-ST-ZIP	N. Miami, FL 33181	
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 exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)