

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741548

1. Entity Name

WOODCREEK CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90145 025 ****61.25

916276



DO NOT WRITE IN THIS SPACE

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

SMITH, RAY
1801 N.E. 140TH STREET
#213
NORTH MIAMI FL 33181

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PDS DESIR, CAMELLO 1801 N.E. 140 STREET #213 NORTH MIAMI FL 33181	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVENDANO, LILIA 1801 N.E. 140TH STREET #301 NORTH MIAMI, FL 33181	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, RAY 1801 N.E. 140TH STREET #306 NORTH MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAM OTALORA 1801 N.E. 140TH ST. #301 NORTH MIAMI, FL 33181	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD AVENDANO, GUILLERMO 1801 N.E. 140TH STREET #301 NORTH MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAINARDE, ANGELA 1801 N.E. 140TH STREET #205 NORTH MIAMI FL 33181	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAINARD, ANGELO 1801 NE 40 ST #205 MIAMI FL 33181	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, MARVELLA 1801 NE 140ST #306 MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)