

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

01-09-2008 90013 013 ****61.25

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DOCUMENT # 741548		
1. Entity Name WOODCREEK CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1801 N.E. 140TH STREET NORTH MIAMI, FL 33181 US	Mailing Address 1801 N.E. 140TH STREET NORTH MIAMI, FL 33181 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AVENDANO, LILIA 1801 N.E. 140TH STREET, #301 NORTH MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE
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 <u>Lilia Avendano</u> <u>02/02/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVENDANO, LILIA 1801 N.E. 140TH STREET, #301 NORTH MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINEIRO, JAVIER 1801 N.E. 140TH STREET, #309 NORTH MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, MARIE 1801 N.E. 140TH STREET, #209 NORTH MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESTRADA, JEANETTE 1801 N.E. 140TH STREET, #104 NORTH MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AVENDANO, GUILLERMO 1801 N.E. 140TH STREET, #301 NORTH MIAMI, FL 33181	
TITLE 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: <u>Lilia Avendano</u> <u>02/02/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66000839



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1855930	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

746
11/3/08
\$61.25

**DO NOT WRITE
IN THIS SPACE**