

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743828

FILED
Apr 30, 2009
Secretary of State

Entity Name: WOODGATE ASSOCIATION, INC.

Current Principal Place of Business:

15600 SW 288 ST
SUITE 406
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 924176
HOMESTEAD, FL 33092

New Mailing Address:

6908 SW 128 COURT
MIAMI, FL 33183

FEI Number: 59-1866638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLASSFORD, DALE
12928 SW 133 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KROCHMAL, FREDERIC S
Address: 3908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: T () Delete
Name: ESPINOSA-PEREZ, LILIA
Address: 3908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: S () Delete
Name: LOPEZ, JOSE A
Address: 3908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: P () Delete
Name: GRAY, JERRILYN
Address: 3908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: STEIN, TAMARA
Address: 3908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KROCHMAL, FREDERIC S
Address: 6908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: T (X) Change () Addition
Name: ESPINOSA-PEREZ, LILIA
Address: 6908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: S (X) Change () Addition
Name: LOPEZ, JOSE A
Address: 6908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: P (X) Change () Addition
Name: GRAY, JERRILYN
Address: 6908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

Title: D (X) Change () Addition
Name: STEIN, TAMARA
Address: 6908 SW 128 CT
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRILYN GRAY

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date