FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745574 (4)

1. Corporation Name

WOODSCAPE TOWNHOMES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
9000 SHERIDAN STREET STE. 146 PEMBROKE PINES FL 33024 US	9000 SHERIDAN ST STE. 146 PEMBROKE PINES FL 33024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1979
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2043076 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3925 W WOODSCAPE DR	26 3925 W WOODSCAPE DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIRAMAR FL	28 City & State: MIRAMAR, FL
24 Zip: 33023 25 Country: US	29 Zip: 33023 30 Country: US

9. Name and Address of Current Registered Agent

KAYE & ROGER PA
1500 W CYPRESS CREEK RD
STE 207
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SD	☒ Change ☐ Addition
NAME	~~LAZAR, PAMELA~~	12 NAME	CLAUDIA JACOBS	
STREET ADDRESS	~~6943 SW 40TH ST~~	13 STREET ADDRESS	6929 SW 31 COURT	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	~~D~~	21 TITLE	TD	☒ Change ☐ Addition
NAME	DONNER, KENNETH	22 NAME		
STREET ADDRESS	6836 SW 37TH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	REISNER, TODD	32 NAME		
STREET ADDRESS	4033 SW 69TH WAY	33 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	34 CITY-ST-ZIP		
TITLE	~~PD~~	41 TITLE	VPD	☒ Change ☐ Addition
NAME	BEREN, RALPH	42 NAME		
STREET ADDRESS	3705 S.W. 69TH AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	44 CITY-ST-ZIP		
TITLE	~~TD~~	51 TITLE	PD	☒ Change ☐ Addition
NAME	~~SAPOLSKY, HERBERT~~	52 NAME		
STREET ADDRESS	6829 SW 36 CT	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Herbert Sapolsky **Herbert Sapolsky** 4/13/95 305 987 1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000421