

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745574** (4)  
1. Corporation Name  
**WOODSCAPE TOWNHOMES CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>3925 W WOODSCAPE DR MIRAMAR FL 33023 US</b>		Mailing Address <b>3925 W. WOODSCAPE DR STE. 146 MIRAMAR FL 33023 US</b>		3. Date Incorporated or Qualified <b>01/16/1979</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		4. FEI Number <b>59-2043076</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>KAYE &amp; ROGER PA 1500 W CYPRESS CREEK RD STE 207 FT LAUDERDALE FL 33309</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	NAME	RODGERS, VIVEEN	1.1 TITLE		1.2 NAME	
STREET ADDRESS	6998 WOODSCAPE CIR.	CITY-ST-ZIP	MIRAMAR FL	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	VPD	NAME	RAMOS, LOUIS	2.1 TITLE		2.2 NAME	
STREET ADDRESS	4041 S.W. 68TH WAY	CITY-ST-ZIP	MIRAMAR FL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	PD	NAME	BEREN, RALPH	3.1 TITLE	Treasurer/Director	3.2 NAME	Beren, Ralph
STREET ADDRESS	3705 SW 69 AVE	CITY-ST-ZIP	MIRAMAR FL	3.3 STREET ADDRESS	3705 SW 69 Ave.	3.4 CITY-ST-ZIP	MIRAMAR, FL 33003
TITLE	TD	NAME	SAPOLSKY, HERBERT	4.1 TITLE		4.2 NAME	
STREET ADDRESS	6820 SW 38 CT	CITY-ST-ZIP	MIRAMAR FL	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	VPD	NAME	REISNER, TODD	5.1 TITLE	VICE PRESIDENT/DIRECTOR	5.2 NAME	REISNER, TODD
STREET ADDRESS	4033 S.W. 69 WAY	CITY-ST-ZIP	MIRAMAR FL	5.3 STREET ADDRESS	4033 SW 69 WAY	5.4 CITY-ST-ZIP	MIRAMAR, FL 33003
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. 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 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:

*[Signature]*

4/3/98

954-987-1122

CR2E037 (10/97)