
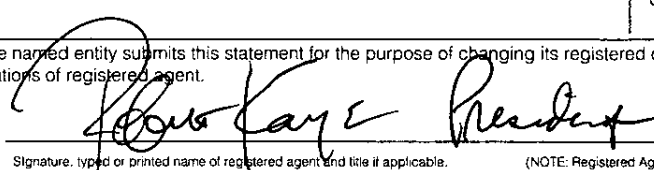


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90028 015 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # 745574</b>   |   |   |  |  |  |
| 1. Entity Name<br><b>WOODSCAPE TOWNHOMES CONDOMINIUM ASSOCIATION, INC</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>3925 W WOODSCAPE DR<br/>MIRAMAR FL 33023<br/>US</b>  |   |   | Mailing Address<br><b>3925 W. WOODSCAPE DR<br/>MIRAMAR FL 33023<br/>US</b>   |   |  |
| 2. Principal Place of Business   |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>59-2043076</b>  |  |
|  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>KAYE &amp; ROGER PA<br/>6261 NORTHWEST 6TH WAY<br/>SUITE 103<br/>FT LAUDERDALE FL 33309</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>ROBERT KAYE &amp; ASSOCIATES, PA.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6261 Northwest 6th Way</b><br>Suite <b>103</b><br>City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b> |   |  |
| 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.<br><br>SIGNATURE  DATE <b>03/01/04</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |   |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>   |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>RODGERS, VIVEEN<br>6996 WOODSCAPE CIR.<br>MIRAMAR FL              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GREEN, PAULINE<br>6837 SW 36 COURT<br>MIRAMAR FL 33023            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>DESTOLFE, ROBERT A<br>4007 W. WOODSCAPE DRIVE<br>MIRAMAR FL 33023 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

**SIGNATURE:**  **Robert A. DeStolfe, Treasurer** **3/2/04** **954 987-1122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #