

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90089 042 \*\*\*\*61.25

**DOCUMENT # 745574**

1. Entity Name  
**WOODSCAPE TOWNHOMES CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business

**3925 W WOODSCAPE DR  
MIRAMAR FL 33023  
US**

Mailing Address

**3925 W. WOODSCAPE DR  
MIRAMAR FL 33023  
US**

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 **59-2043076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAYE & ROGER PA  
6261 NORTHWEST 6TH WAY  
SUITE 103  
FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Robert Kaye & Associates, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6261 Northwest 6th Way**  
**Suite 103**  
City **Ft. Lauderdale** FL Zip Code **33309**

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

*Robert Kaye, President* **Robert Kaye** **4-2-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RODGERS, VIVEN</b>	
STREET ADDRESS	<b>6996 WOODSCAPE CIR.</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, PAULINE</b>	
STREET ADDRESS	<b>6837 SW 36 COURT</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DESTOLFE, ROBERT A</b>	
STREET ADDRESS	<b>4007 W. WOODSCAPE DRIVE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, without other like empowered.

SIGNATURE:

*Robert A. DeStolfe* **Robert A. DeStolfe** **4/1/03** **954 987-1122**

CR2E037 (10/02)