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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 748707 (7)

1. Corporation Name
THE WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1901 N. ANDREWS AVENUE WILTON MANORS FL 33311	1901 N. ANDREWS AVENUE WILTON MANORS FL 33311-3935

3. Date Incorporated or Qualified: 08/29/1979
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2014041 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAFER, CAROL
1901 N. ANDREWS AVE.
APT. 121
WILTON MANORS FL 33311

10. Name and Address of New Registered Agent

81 Name: PAMELA L. NOLAN
82 Street Address (P.O. Box Number is Not Acceptable): 1901 N. ANDREWS AVE [redacted]
83: #211
84 City: WILTON MANORS FL 85 Zip Code: 33311

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: Pamela A Nolan Treas. Pamela L. Nolan 1/ /97
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	PD	☒ DELETE	1.1 TITLE	~~PRESIDENT~~	☒ Change ☐ Addition
NAME	BROSELLE, BRIDGETTE		1.2 NAME	MARTHA BORON	
STREET ADDRESS	1901 N. ANDREWS AVE.		1.3 STREET ADDRESS	1901 N. ANDREWS AVE	
CITY-ST-ZIP	WILTON MANORS FL 33311		1.4 CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAFER, CAROL		2.2 NAME		
STREET ADDRESS	1901 N. ANDREWS AVE. #121		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33311		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	JACOBI, LORI		3.2 NAME	PAMELA L. NOLAN	
STREET ADDRESS	1901 N. ANDREWS AVE. #219		3.3 STREET ADDRESS	1901 N. ANDREWS AVE	
CITY-ST-ZIP	WILTON MANORS FL 33311		3.4 CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE		☐ DELETE	4.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			4.2 NAME	SHARON LEFLEUR	
STREET ADDRESS			4.3 STREET ADDRESS	1901 N. ANDREWS AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE		☐ DELETE	5.1 TITLE	~~DIRECTOR~~ DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME	KATE KELLY	
STREET ADDRESS			5.3 STREET ADDRESS	1901 N. ANDREWS AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Pamela A Nolan Pamela L. Nolan Treas 1/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034456