FILE NOW: FILING FEE IS $61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 08/29/1979

4. FEI Number: 59-2014041 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOLAN, PAMELS 1901 NORTH ANDREWS AVENUE #211 WILTON MANORS FL 33311	81 Name 82 SUNRAE MANAGEMENT SERVICES, INC. 83 4000 N. STATE RD. 7 STE. 409A (408-A) 84 LAUDERDALE LAKES, FL 33319 FL | 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 Nolan 3/26/98
Signature, typed or printed, 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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BORON, MARTHA		1.2 NAME	Ben Gines	
STREET ADDRESS	1901 NORTH ANDREWS AVENUE		1.3 STREET ADDRESS	1901 N, Andrews Ave.#120	
CITY-ST-ZIP	WINTON MANORS FL		1.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SHAFER, CAROL		2.2 NAME	Kate Kelly	
STREET ADDRESS	1901 N. ANDREWS AVE. #121		2.3 STREET ADDRESS	1901 N. Andrews Ave., #119	
CITY-ST-ZIP	WILTON MANORS FL 33311		2.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	NOLA, PAMELS		3.2 NAME	Fredrick Dralle	
STREET ADDRESS	1901 NORTH ANDREWS AVENUE		3.3 STREET ADDRESS	1901 N, Andrews Ave, #101	
CITY-ST-ZIP	WILTON MANORS FL		3.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	D	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	KELLY, KATEARON		4.2 NAME	Martha Boron	
STREET ADDRESS	1011 NORTH ANDRES AVENUE		4.3 STREET ADDRESS	1901 N, Andrews Ave, #122	
CITY-ST-ZIP	WILTON MANORS FL		4.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE		☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME			5.2 NAME	Carol Shafer	
STREET ADDRESS			5.3 STREET ADDRESS	1901 N, Andrews Ave., #121	
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 (10/97)

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 REQUIRED Carol Shafer 5-5-98 954-763-5300