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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748707**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/29/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2014041 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUNRAE MANAGEMENT SERVICES INC 4000 N SR 7 STE 408A #211 LAUDERDALE LAKES FL 33319	81 Name: Frederick R. Dralle 82 Street Address (P.O. Box Number is Not Acceptable): 1901 N. Andrews Ave., #101 83 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: TREASURER FREDERICK R. DRALLE — Frederick K. Dralle — 2/17/99
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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GINES, BEN		1.2 NAME	Shafer, Carol	
STREET ADDRESS	1901 N ANDREWS AVE STE 120		1.3 STREET ADDRESS	1901 N. Andrews Ave., #121	
CITY-ST-ZIP	WINTON MANORS FL 33311		1.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, KATE		2.2 NAME		
STREET ADDRESS	1901 N ANDREWS AVE STE 119		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33311		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	DRALLE, FREDRICK		3.2 NAME	Frederick R. Dralle	
STREET ADDRESS	1901 N ANDREWS AVE STE 101		3.3 STREET ADDRESS	1901 N. Andrews Ave., #101	
CITY-ST-ZIP	WILTON MANORS FL 33311		3.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	S	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BORON, MARTHA		4.2 NAME	Boron, Martha	
STREET ADDRESS	1901 N ANDREWS AVE STE 122		4.3 STREET ADDRESS	609 N.W. 27th Street	
CITY-ST-ZIP	WILTON MANORS FL 33311		4.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	D	☐ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	SHAFER, CAROL		5.2 NAME	Anjal Soler	
STREET ADDRESS	1901 N ANDREWS AVE STE 121		5.3 STREET ADDRESS	3325 N.E. 18 Street	
CITY-ST-ZIP	WILTON MANORS FL 33311		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
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		

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, with all other like empowered.

SIGNATURE: Frederick R. Dralle SIGNATURE REQUIRED FREDERICK R. DRALLE 2/17/99 (954)-564-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)