2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 748707** May 02, 2000 8:00 am t. Entity Name Secretary of State THE WOODS CONDOMINIUM ASSOCIATION, INC. 03-01-2000 90056 021 ****61.25 Mailing Address Principal Place of Business 1901 N. ANDREWS AVENUE 1901 N. ANDREWS AVENUE WILTON MANORS FL 33311-3835 WILTON MANORS FL 33311 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2014041 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DRALLE, FREDERICK R 1901 N. ANDREWS AVE. STE. 101 Zip Code City WILTON MANORS FL 33311 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (66/6)Change ☐ Addition Delete TITLE TITLE SHAFER, CAROL 1901 N. ANDREWS AVE \$121 NAME SHAFER, CAROL STREET ADDRESS STREET ADDRESS 1901 N. ANDREWS AVE. #121 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 <u>WINTON MANORS FL 33311</u> Change ☐ Addition De ete TITLE TITLE VPD KELLY, KATE 1901 N ANDREWS AVE #119 NAME NAME KELLY, KATE STREET ADDRESS STREET ADDRESS 1901 N ANDREWS AVE STE 119 D CITY-ST-ZIP CHTY-ST-7IP TON MANORS FL 33311 WILTON MANORS FL 33311 ☐ Change Addition Delate TITLE TITLE NAME NAME DRALLE, FREDERICK R STREET ADDRESS STREET ADDRESS 1901 N. ANDREWS AVE., #101 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Channe ☐ Addition TITLE ☐ Delete TITLE BORON, MARTHA NAME NAME \mathfrak{D} STREET ADDRESS STREET ADDRESS 609 N.W. 27TH STREET CITY-ST-ZIP CITY-ST-7IP WILTON MANORS FL 33311 ☐ Change ☐ Addition 💥 Delete TITLE TITLE NAME NAME SHAFER, CAROL STREET ADDRESS STREET ADDRESS 1901 N ANDREWS AVE STE 121 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 Addition [TITLE ☐ Delete MILE ☐ Change S MAME SOLER, ANJAL STREET ADDRESS STREET ADDRESS 3325 N.E. 18TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33305

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 all other like empowered.

2/22/00 FREDERICK R. DRALLE SIGNATURE: Jacker