

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90285 041 *****61.25

0003270

DOCUMENT # 748707

1. Entity Name

THE WOODS' CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1901 N. ANDREWS AVENUE
 WILTON MANORS FL 33311**

Mailing Address

**1901 N. ANDREWS AVENUE
 WILTON MANORS FL 33311**

C0039810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2014041

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRALLE, FREDERICK R
 1901 N. ANDREWS AVE.
 STE. 101
 WILTON MANORS FL 33311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **SHAHER, CAROL**
 STREET ADDRESS **1901 N. ANDREWS AVE. #121**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **PD** ☒ Change ☐ Addition
 NAME **RONALD E LAMB**
 STREET ADDRESS **1901 N. ANDREWS AVE #201**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **PD** ☐ Delete
 NAME **KELLY, KATE**
 STREET ADDRESS **1901 N ANDREWS AVE STE 119**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **VD** ☒ Change ☐ Addition
 NAME **KELLY, KATE**
 STREET ADDRESS **1901 N. ANDREWS AVE #119**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **T** ☒ Delete
 NAME **DRALLE, FREDERICK R**
 STREET ADDRESS **1901 N. ANDREWS AVE., #101**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **TD** ☒ Change ☐ Addition
 NAME **FRENCH, TIMOTHY**
 STREET ADDRESS **1901 N ANDREWS AVE #100**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **D** ☒ Delete
 NAME **BORON, MARTHA**
 STREET ADDRESS **609 N.W. 27TH STREET**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **SD** ☒ Change ☐ Addition
 NAME **LEIGH, WESLEY**
 STREET ADDRESS **1901 N. ANDREWS AVE #100**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE **S** ☒ Delete
 NAME **SOLER, ANJAL**
 STREET ADDRESS **3325 N.E. 18TH STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE **DD** ☒ Change ☐ Addition
 NAME **DOREN, JACK**
 STREET ADDRESS **136 NE 19 CT # F212**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

WESLEY B. LEIGH 3/28/2001 (954) 533-8332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)