2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748707

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: THE WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1901 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

1901 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 59-2014041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LAMB, RONALD E	
Address:	1901 N ANDREWS AVENUE #201	
City-St-Zip:	WINTON MANORS, FL 33311	
Title:	VD	( ) Delete
Name:	KELLY, KATE	
Address:	1901 N ANDREWS AVE STE 119	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	TD	( ) Delete
Name:	FRENCH, TIMOTHY	
Address:	1901 N ANDREWS AVENUE #100	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	SD	( ) Delete
Name:	LEIGH, WESLEY	
Address:	1901 N ANDREWS AVENUE #100	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	DD	( ) Delete
Name:	DOREN, JACK	
Address:	136 NE 14 COURT #F-212	
City-St-Zip:	WILTON MANORS, FL 33005	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD E. LAMB PD 04/30/2002

Electronic Signature of Signing Officer or Director — Date