2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90198 031 ****61.25

DOCUMENT # 748707

1. Entity 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

03042004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFER, CAROL
1901 N. ANDREWS AVE.
STE. 121
WILTON MANORS, FL 33311

7. Name and Address of New Registered Agent

Name SHAFER, CAROL
Street Address (P.O. Box Number is Not Acceptable) 1901 N. ANDREWS AVE., #121
City WILTON MANORS
FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carol Shafer, CAROL SHAFER-TD 3-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAFER, CAROL 1901 N ANDREWS AVENUE #121 WINTON MANORS, FL 33311	☐ Delete	PD ~~RONALD E. LAMB~~ LAMB, RONALD E 1901 N. Andrews Ave. #201 WILTON MANORS, FL 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY, KATE 1901 N ANDREWS AVE STE 119 WILTON MANORS, FL 33311	☐ Delete	VD KELLY, KATE 1901 N. Andrews Ave. #119 WILTON MANORS, FL 33311	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAMB, RONALD E 1901 N ANDREWS AVENUE #201 WILTON MANORS, FL 33311	☐ Delete	TD SHAFER, CAROL 1901 N. Andrews Ave. #121 WILTON MANORS, FL 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOHNKE, CHRISTOPHER 1901 N ANDREWS AVENUE #219 WILTON MANORS, FL 33311	☐ Delete	SD KOHNKE, CHRISTOPHER 1901 N. Andrews Ave. #219	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD NOLAN, PAMELA 1901 N. ANDREWS AVENUE #211 WILTON MANORS, FL 33311	☒ Delete	DD ~~TUCKER GRIFFIN~~ GRIFFEN, TUCKER 1901 N. Andrews Ave. #102 WILTON MANORS, FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Carol Shafer, CAROL SHAFER 3-27-04 954-763-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #