

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90036 037 ****61.25

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2014041	
				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	
SHAFER, CAROL 1901 N. ANDREWS AVE. STE. 121 WILTON MANORS FL 33311				Name Christopher Kohnke Street Address (P.O. Box Number is Not Acceptable) 1901 N Andrews Ave #219 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 <u>Christopher Kohnke, Secretary</u> 1/23/05 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 Due By May 1, 2005		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	TD SHAFER, CAROL 1901 N ANDREWS AVENUE #121 WILTON MANORS FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jack Doren 4431 NE 17th Avenue Oakland Park FL 33334	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, KATE 1901 N ANDREWS AVE STE 119 WILTON MANORS FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Michael Roy 1901 N. Andrews Ave. #220 Wilton Manors FL 33311	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMB, RONALD E 1901 N ANDREWS AVENUE #201 WILTON MANORS FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joseph Kelly 26 NE 26th Drive Wilton Manors FL 33334	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOHKE, CHRISTOPHER 1901 N ANDREWS AVENUE #219 WILTON MANORS FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GRIFFIN, TUCKER 1901 N. ANDREWS AVE., #102 WILTON MANORS FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tucker Griffin 1901 N Andrews Ave #102 Wilton Manors FL 33311	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <u>T. Griffin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			15 MAR 05 954688825 Date Daytime Phone #		