2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90091 049 ****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

DO NOT WRITE IN THIS SPACE

01062008 No Chg-NP CR2E037 (4/06)

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

GRIFFIN, TUCKER
1901 N. ANDREWS AVE.
STE. #102
WILTON MANORS, FL 33311

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WISCHOWSKI, KIMBERLY
STREET ADDRESS	1901 N ANDREWS AVE, #110
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	VPD
NAME	COOPER, STEVEN
STREET ADDRESS	1901 N ANDREWS AVE #215
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	SD
NAME	KOHNKE, CHRISTOPHER
STREET ADDRESS	1901 N ANDREWS AVENUE #219
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	PD
NAME	GRIFFIN, TUCKER
STREET ADDRESS	1901 N. ANDREWS AVE., #102
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 07 JAN 08 954-295-5163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #