2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0031788

DOCUMENT # 748707

FILED
03 MAY 21 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
DRALLE, FREDERICK R 1901 N. ANDREWS AVE. STE. 101 WILTON MANORS FL 33311	Name CAROL SHAFER 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.

500019584415
05/21/03--01018--004 **61.25

SIGNATURE Carol Shafer, CAROL SHAFER, PRESIDENT
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 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 LAMB, RONALD E 1901 N ANDREWS AVENUE #201 WINTON MANORS FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESIDENT CAROL SHAFER 1901 N. Andrews Ave. #121 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRENCH, TIMOTHY 1901 N ANDREWS AVENUE #100 WILTON MANORS FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREASURER RONALD E. LAMB 1901 N. ANDREWS AVE., # 201 WILTON MANORS, FL 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEIGH, WESLEY 1901 N ANDREWS AVENUE #100 WILTON MANORS FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SECRETARY CHRISTOPHER KOHNKE 1901 N. ANDREWS AVE. #219 WILTON MANORS, FL 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD DOREN, JACK 136 NE 14 COURT #F-212 WILTON MANORS FL 33005	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD DIRECTOR PAMELA NOLAN 1901 N. ANDREWS AVE. #211 WILTON MANORS, FL 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 SIGNATURE REQUIRED CAROL SHAFER 4-21-03 954-763-5300