

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90002 040 ****61.25

DOCUMENT # 752201

1. Entity Name
WOODS LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**14505 COMMERCE WAY
STE 525
HIALEAH, FL 33016**

Mailing Address
**14505 COMMERCE WAY
STE 525
HIALEAH, FL 33016**

34057753



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2351492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, FRANK
666 NE 125 ST NE
HIALEAH, FL 33015**

7. Name and Address of New Registered Agent

Name

Jorge Zarate

Street Address (P.O. Box Number is Not Acceptable)

Cosmos Management Services Inc.

14505 Commerce Way, Suite 525

City

Miami Lakes

FL

Zip Code

33016

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

**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

TITLE: VPD
NAME: REED, ALICIA ☒ Delete
STREET ADDRESS: 6765 N.W. 169 ST. #A
CITY-ST-ZIP: MIAMI, FL 33015

TITLE: PD
NAME: BENADETTE, KEIPER ☒ Delete
STREET ADDRESS: 6900 NW 169 ST E
CITY-ST-ZIP: MIAMI, FL 33015

TITLE: TD
NAME: PUMPIDO, ASTRID D ☐ Delete
STREET ADDRESS: 6865 N.W. 169 ST. #H
CITY-ST-ZIP: MIAMI, FL 33015

TITLE: D
NAME: PADRON, PEDRO ☒ Delete
STREET ADDRESS: 6892 NW 169 ST A
CITY-ST-ZIP: HIALEAH, FL 33015

TITLE: S
NAME: RICHARDS, MARLITT ☒ Delete
STREET ADDRESS: 6900 NW 169 ST B
CITY-ST-ZIP: HIALEAH, FL 33015

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VP ☐ Change ☒ Addition
NAME: Carlos Sanchez
STREET ADDRESS: 6892 NW 169 ST #F
CITY-ST-ZIP: Miami, FL 33015

TITLE: P. ☐ Change ☒ Addition
NAME: Bernadette, Keiper
STREET ADDRESS: 6900 NW 169 ST #E
CITY-ST-ZIP: Miami, FL 33015

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

[Signature] **Marlitt Richards** **5/20/04** **(786) 2101924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #