3.24-95-6-2760 -XC

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:09

DOCUMENT # **754306** **(9)**

1. Corporation Name

WOODLAKE ISLES, INC.

Principal Place of Business	Mailing Address
C/O GOLD COAST PROPERTY MANAGEMENT 10001 W. OAKLAND BLVD. SUNRISE FL 33351	C/O GOLD COAST PROPERTY MANAGEMENT 10001 W. OAKLAND BLVD. SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1980
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2084807 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOLD GOAST PROPERTY MANAGEMENT
10001 W OAKLAND PARK BLVD.
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	1ST SECRET/DIRECTOR	☒ Change ☐ Addition
NAME	SHLOSS, JAN	12 NAME	SHLOSS, JAN	
STREET ADDRESS	705 BANKS ROAD	13 STREET ADDRESS	705 BANKS RD.	
CITY-ST-ZIP	MARGATE, FL 00000	14 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	P	21 TITLE	TRES	☒ Change ☐ Addition
NAME	HARTMAN, JERRY	22 NAME	MUCHNICK, SID	
STREET ADDRESS	697 BANKS ROAD	23 STREET ADDRESS	687 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	24 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	31 TITLE	VP	☒ Change ☐ Addition
NAME	NORMA TREIBLE	32 NAME	TREIBLE, NORMA	
STREET ADDRESS	643 BANKS ROAD	33 STREET ADDRESS	643 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	34 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	T	41 TITLE	TREAS/DIR	☒ Change ☐ Addition
NAME	WALLACE, DAVID	42 NAME	ROSS, SHARON	
STREET ADDRESS	699 BANKS ROAD	43 STREET ADDRESS	743 BANKS RD.	
CITY-ST-ZIP	MARGATE, FL 00000	44 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	DS	51 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LAURA ROBERTS	52 NAME	MASIELLO, SUE	
STREET ADDRESS	583 BANKS ROAD	53 STREET ADDRESS	645 BANKS RD.	
CITY-ST-ZIP	MARGATE FL	54 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	61 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MICHAEL KATEN	62 NAME	KRAMER, CHUCK (CHARLES)	
STREET ADDRESS	765 BANKS ROAD	63 STREET ADDRESS	675 BANKS RD	
CITY-ST-ZIP	MARGATE FL	64 CITY-ST-ZIP	MARGATE, FL. 33063	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed, or on an attachment with an address.

SIGNATURE: Sharon Ross SHARON ROSS 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR — Date — Daytime Phone #