

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **09/24/1980** 3a. Date of Last Report **03/29/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SHLOSS, JAN	
STREET ADDRESS	705 BANKS ROAD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MUCHNICK, SID	
STREET ADDRESS	687 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	VP E	<input type="checkbox"/> DELETE
NAME	TRIEDL, NORMA	
STREET ADDRESS	643 BANKS ROAD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSS, SHARON	
STREET ADDRESS	743 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASIELLO, SUE	
STREET ADDRESS	645 BANKS RD	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, CHUCK (CHARLES)	
STREET ADDRESS	675 BANKS RD	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
Date

Day/Time Phone #

CR2E037 (12/95)