

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754306** (9)

1. Corporation Name  
**WOODLAKE ISLES, INC.**



Principal Place of Business <b>C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US</b>	Mailing Address <b>C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>09/24/1980</b>	4. FEI Number <b>59-2084807</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>WALDRON, MALCOLM H I 3475 HIATUS RD SUNRISE FL 33351</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>Miami Management, Inc.</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>1189 Sawgrass Corporate Parkway</b> <b>83</b> <b>84</b> City <b>Sunrise,</b> <b>FL</b> <b>85</b> Zip Code <b>33323</b>
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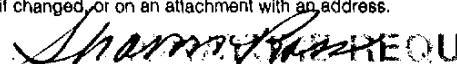
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **3/20/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ASD</b>
STREET ADDRESS	<b>SHLOSS, JAN</b>
CITY-ST-ZIP	<b>705 BANKS ROAD</b>
	<b>MARGATE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P</b>
STREET ADDRESS	<b>MUCHNICK, SID</b>
CITY-ST-ZIP	<b>687 BANKS RD</b>
	<b>MARGATE, FL 00000</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP</b>
STREET ADDRESS	<b>TRIEDLE, NORMA</b>
CITY-ST-ZIP	<b>643 BANKS ROAD</b>
	<b>MARGATE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD</b>
STREET ADDRESS	<b>ROSS, SHARON</b>
CITY-ST-ZIP	<b>743 BANKS RD</b>
	<b>MARGATE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S</b>
STREET ADDRESS	<b>MASIELLO, SUE</b>
CITY-ST-ZIP	<b>645 BANKS RD</b>
	<b>MARGATE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>DORAN, HILDA</b>
CITY-ST-ZIP	<b>741 BANKS RD</b>
	<b>MARGATE FL</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Harold Treible</b>
3.3 STREET ADDRESS	<b>643 Banks Road</b>
3.4 CITY-ST-ZIP	<b>Margate, Fl. 33063</b>
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 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 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:  **REQUIRED**

3/9/98

CR2E037 (10/97)