

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

0033927

DOCUMENT # 754306

1. Entity Name

WOODLAKE ISLES, INC.



FILED

03 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

C/O CONSOLIDATED COMM. MGMT
10034 W. MCNAB ROAD
TAMARAC FL 33321-1815
US

Mailing Address

C/O CONSOLIDATED COMM. MGMT
10034 W. MCNAB ROAD
TAMARAC FL 33321-1815
US

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 59-2084807

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

CONSOLIDATED COMMUNITY MANAGEMENT INC.
10034 W. MCNAB ROAD
TAMARAC FL 33321-1815

Name

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

City

FL

Zip Code

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, 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 VP
NAME SHLOSS, JAN
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE D
NAME SHLOSS, JAN
STREET ADDRESS 10034 W MCNAB Rd
CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

TITLE PD
NAME WHALEN, GARY
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321 ☒ Delete

TITLE VPD
NAME ROSS, SHARON
STREET ADDRESS 10034 W MCNAB Rd
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Change ☒ Addition

TITLE TSD
NAME HELWIG, MARLENE
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE PD
NAME HELWIG, MARLENE
STREET ADDRESS 10034 W MCNAB Rd
CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

TITLE D
NAME COMISKEY, LEO
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321 ☒ Delete

TITLE TO
NAME PACE, LORETTA
STREET ADDRESS 10034 W MCNAB Rd
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Change ☒ Addition

TITLE D
NAME DORAN, HILDA
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800017844148
05/01/03--01077--024 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Marlene Helwig MARLENE HELWIG 3-31-03 954-979-3816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)