

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 767488 1. Entity Name WOODLAKE ISLES NORTH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1033 BANKS ROAD P.O. BOX 636373 MARGATE, FL 33063	Mailing Address 1013 BANKS ROAD MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOUZE, PHILIP J
1215 S.E. SECOND AVENUE
SUITE 201
FT. LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORES, IRAIDA 1032 BANK ROAD MARGATE, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUTH, WALLACE 1013 BANKS RD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALARBHIAS, EMANUEL 1007 BANKS RD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARIA, SILVA 1003 BAMCE ROAD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000618963
02/08/07-80052-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ruth Wallace **RUTH WALLACE** 1-30-07 954-830-2872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #