

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767488

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** WOODLAKE ISLES NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1033 BANKS ROAD  
P.O.BOX 636373  
MARGATE, FL 33063

**New Principal Place of Business:**

1013 BANKS ROAD  
MARGATE, FL 33063

**Current Mailing Address:**

1013 BANKS ROAD  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 59-2309277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: TORES, IRAIDA  
Address: 1032 BANK ROAD  
City-St-Zip: MARGATE, FL 33062

Title: TD ( ) Delete  
Name: RUTH, WALLACE  
Address: 1013 BANKS RD  
City-St-Zip: MARGATE, FL 33063

Title: PD ( ) Delete  
Name: CALARBHIAS, EMANUEL  
Address: 1007 BANKS RD  
City-St-Zip: MARGATE, FL 33063

Title: VPD ( ) Delete  
Name: MARIA, SILVA  
Address: 1003 BAMCE ROAD  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: TORES, IRAIDA  
Address: 1033 BANK ROAD  
City-St-Zip: MARGATE, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH ANN WALLACE

TD

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date