2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004684

1. Entity Name
WOODLAKE SOUTHWEST PARK CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business	Mailing Address
2183 N POWERLINE RD #1 POMPANO BCH, FL 33069	2183 N POWERLINE RD #1 POMPANO BCH, FL 33069

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01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3047814
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANFORD N REINHARD, P.A.
2875 NE 191 ST #404
AVENTURA, FL 33180

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GODEL, ELLIOT
STREET ADDRESS	2183 N POWERLINE RD #1
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	VSTD
NAME	REINHART, GEORGE
STREET ADDRESS	2183 N POWERLINE RD #1
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	D
NAME	HEYES, GARY
STREET ADDRESS	2320 COMMERCE PARK DRIVE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/08-80011-022 61.25

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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: Elliot Godel Elliot Godel 1/24/08 954-960-1447
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #