2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12358

FILED Feb 23, 2010 Secretary of State

Entity Name: WOODGATE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

A & M PARTNERS, INC. 3475 N. HIATUS RD. SUNRISE, FL 33351 US SUNRISE MANAGEMENT INC. 600 N. PINE ISLAND RD. #450 PLANTATION, FL 33324 US

Current Mailing Address:

New Mailing Address:

A & M PARTNERS., INC. 3475 N. HIATUS RD. SUNRISE, FL 33351 US SUNRISE MANAGEMENT INC. 600 N. PINE ISLAND RD. #450 PLANTATION, FL 33324 US

FEI Number: 59-2614227

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALDRON, ANNE MARIE 3495 NORTH HIATUS ROAD STE 202 SUNRISE, FL 33351 US REARDIGAN, GREG 600 N. PINE ISLAND RD. #450 PLANTATION, FL 33324 US

·

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: GREG REARDIGAN

02/23/2010

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

Title: F

Name: STANLEY, JAN

Address: 600 N. PINE ISLAND RD. #450 City-St-Zip: PLANTATION, FL 33324

Title: S

 Name:
 BERNER, BARBARA K

 Address:
 600 N. PINE ISLAND RD. #450

 City-St-Zip:
 PLANTATION, FL 33324

Title:

 Name:
 CASSERLY, ELAINE

 Address:
 600 N. PINE ISLAND RD. #450

 City-St-Zip:
 PLANTATION, FL 33324

Title: [

Name: DUNGAN, CARI

Address: 600 N. PINE ISLAND RD. #450 City-St-Zip: PLANTATION, FL 33324

Title:

Name: SCHOCK, CURTIS

Address: 600 N. PINE ISLAND RD. #450 City-St-Zip: PLANTATION, FL 33324

Title: VP

Name: CAICO, JOHN

Address: 600 N. PINE ISLAND RD. #450 City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: JAN STANLEY P 02/23/2010