

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:16

DOCUMENT # N12379 (6)

1. Corporation Name
WOODGATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351 US		10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt #, etc.		Suite, Apt #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1985	3a. Date of Last Report 02/15/1994
4. FBI Number 59-2614027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLD COAST PROPERTY MANAGEMENT INC.
10001 W. OAKLAND PARK BLVD.
3RD FLOOR
SUNRISE FL 33326**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-15-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RENDA, FRANK
STREET ADDRESS	664 WOODGATE LANE
CITY - ST - ZIP	SUNRISE FL
TITLE	VS
NAME	THORSEN, SALLY KAY
STREET ADDRESS	664 WOODGATE CIR.
CITY - ST - ZIP	SUNRISE FL
TITLE	V
NAME	MOSEY, LARRY
STREET ADDRESS	542 WOODGATE CIRCLE
CITY - ST - ZIP	SUNRISE FL
TITLE	T
NAME	WEINBERG, LOUIS
STREET ADDRESS	664 WOODGATE CIR.
CITY - ST - ZIP	SUNRISE FL
TITLE	T
NAME	MARTINOTTI, PATTY
STREET ADDRESS	15730 WOODGATE PLACE
CITY - ST - ZIP	SUNRISE FL
TITLE	D
NAME	MCADAM, BILL
STREET ADDRESS	594 WOODGATE CIRCLE
CITY - ST - ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William McAdam
1.3 STREET ADDRESS	594 Woodgate Circle
1.4 CITY - ST - ZIP	Sunrise, FL. 33326
2.1 TITLE	V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RENDA, FRANK
2.3 STREET ADDRESS	664 WOODGATE LANE
2.4 CITY - ST - ZIP	SUNRISE FL. 33326
3.1 TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARISE EILEEN
3.3 STREET ADDRESS	15739 WOODGATE PL
3.4 CITY - ST - ZIP	SUNRISE, FL. 33326
4.1 TITLE	TREAS/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTINOTTI, PATTY
4.3 STREET ADDRESS	15730 WOODGATE PLACE
4.4 CITY - ST - ZIP	SUNRISE, FL. 33326
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SANZO, KAREN
5.3 STREET ADDRESS	675 WOODGATE CIRCLE
5.4 CITY - ST - ZIP	SUNRISE, FL. 33326
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICANO, BARBARA
6.3 STREET ADDRESS	611 WOODGATE LANE
6.4 CITY - ST - ZIP	SUNRISE, FL 33326

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *[Signature]*