

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12379 (6)  
1. Corporation Name

WOODGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
10001 W. OAKLAND PARK BLVD.  
SUITE 300  
SUNRISE FL 33351  
US

Mailing Address  
10001 W. OAKLAND PARK BLVD.  
SUITE 300  
SUNRISE FL 33351  
US

3. Date Incorporated or Qualified 12/04/1985  
3a Date of Last Report 03/28/1995

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number 59-2614027  
Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MCADAM, WILLIAM	594 WOODGATE CIRCLE	SUNRISE FL	<input checked="" type="checkbox"/>
VP	RENDA, FRANK	664 WOODGATE LANE	SUNRISE FL	<input type="checkbox"/>
SD	PARISI, EILEEN	15739 WOODGATE PLACE	SUNRISE FL	<input type="checkbox"/>
TD	MARTINOTTI, PATTY	15730 WOODGATE PLACE	SUNRISE FL	<input checked="" type="checkbox"/>
D	SANZO, KAREN	675 WOODGATE CIRCLE	SUNRISE FL	<input checked="" type="checkbox"/>
D	RICANO, BARBARA	611 WOODGATE LANE	SUNRISE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	DELETE
Vice President	Vahan Kalarchian	624 Woodgate Circle	Sunrise, Fl. 33326	<input type="checkbox"/>	President				<input type="checkbox"/>
Director	Jose Martinotti	15730 Woodgate Place	Sunrise, Fl. 33326	<input type="checkbox"/>	Treasurer/Director	Noemi Golcher	562 Woodgate Circle	Sunrise, Fl. 33326	<input type="checkbox"/>
Director	Michael Letizia	570 Woodgate Lane	Sunrise, Fl. 33326	<input type="checkbox"/>	Director	Pete Steinmits	573 Woodgate Circle	Sunrise, Fl. 33326	<input type="checkbox"/>

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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Frank Renda

389-1863

Date:

Daytime Phone #

CR2E037 (12/95)