

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
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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 <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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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
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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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCADAM, WILLIAM	1.2 NAME	Vahan Kalarchian
STREET ADDRESS	594 WOODGATE CIRCLE	1.3 STREET ADDRESS	624 Woodgate Circle
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise, Fl. 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENDA, FRANK	2.2 NAME	
STREET ADDRESS	664 WOODGATE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARISI, EILEEN	3.2 NAME	Jose Martinotti
STREET ADDRESS	15739 WOODGATE PLACE	3.3 STREET ADDRESS	15730 Woodgate Place
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	Sunrise, Fl. 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINOTTI, PATTY	4.2 NAME	Noemi Golcher
STREET ADDRESS	15730 WOODGATE PLACE	4.3 STREET ADDRESS	562 Woodgate Circle
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	Sunrise, Fl. 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANZO, KAREN	5.2 NAME	Michael Letizia
STREET ADDRESS	675 WOODGATE CIRCLE	5.3 STREET ADDRESS	570 Woodgate Lane
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	Sunrise, Fl. 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICANO, BARBARA	6.2 NAME	Pete Steinmits
STREET ADDRESS	611 WOODGATE LANE	6.3 STREET ADDRESS	573 Woodgate Circle
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	Sunrise, Fl. 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Frank Renda* President Frank Renda 389-1863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)