


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12379** (6)

1. Corporation Name

**WOODGATE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351 US</b>	Mailing Address <b>10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351-6925 US</b>
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3. Date Incorporated or Qualified <b>12/04/1985</b>	3a. Date of Last Report <b>03/20/1996</b>
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2. Principal Place of Business <b>21 AEM PROP MGT.</b>	2a. Mailing Address <b>26 AEM PROP MGT.</b>
<b>22 3475 HIATUS RD</b>	<b>27 3475 HIATUS RD</b>
<b>23 SUNRISE, FL</b>	<b>28 SUNRISE, FL</b>
<b>24 33351</b>	<b>25 USA</b>
<b>29 33351</b>	<b>30 USA</b>

4. FEI Number <b>59-2614027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

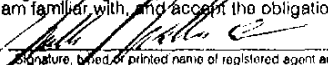
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

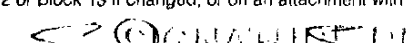
**81 MALCOLM H. WALDRON, III**  
**82 C/O AEM PROPERTY MGT.**  
**83 3475 HIATUS RD**  
**84 SUNRISE** **85 FL 33351**

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-registering) **4/8/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KALARCHIAN, VAHAN</b>		1.2 NAME <b>MOSEY, LARRY</b>	
STREET ADDRESS <b>624 WOODGATE CIRCLE</b>		1.3 STREET ADDRESS <b>542 WOODGATE CIRCLE</b>	
CITY-ST-ZIP <b>SUNRISE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RENDA, FRANK</b>		2.2 NAME <b>EAGAN, STACY</b>	
STREET ADDRESS <b>664 WOODGATE LANE</b>		2.3 STREET ADDRESS <b>537 WOODGATE CIRCLE</b>	
CITY-ST-ZIP <b>SUNRISE FL</b>		2.4 CITY-ST-ZIP <b>SUNRISE, FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PARISI, EILEEN</b>		3.2 NAME <b>MARTINOTTI, JOSE</b>	
STREET ADDRESS <b>15739 WOODGATE PLACE</b>		3.3 STREET ADDRESS <b>15730 WOODGATE PL</b>	
CITY-ST-ZIP <b>SUNRISE FL</b>		3.4 CITY-ST-ZIP <b>SUNRISE, FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOLCHER, NOEMI</b>		4.2 NAME <b>MARANDA, ROBERT</b>	
STREET ADDRESS <b>562 WOODGATE CIRCLE</b>		4.3 STREET ADDRESS <b>639 WOODGATE LANE</b>	
CITY-ST-ZIP <b>SUNRISE FL</b>		4.4 CITY-ST-ZIP <b>SUNRISE, FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LETIZIA, MICHAEL</b>		5.2 NAME <b>CARLTON, PAUL</b>	
STREET ADDRESS <b>570 WOODGATE LANE</b>		5.3 STREET ADDRESS <b>646 WOODGATE CIRCLE</b>	
CITY-ST-ZIP <b>SUNRISE FL</b>		5.4 CITY-ST-ZIP <b>SUNRISE, FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STEINMITS, PETE</b>		6.2 NAME <b>GAGNON, CHANTAL</b>	
STREET ADDRESS <b>573 WOODGATE CIRCLE</b>		6.3 STREET ADDRESS <b>15736 WOODGATE CT.</b>	
CITY-ST-ZIP <b>SUNRISE FL</b>		6.4 CITY-ST-ZIP <b>SUNRISE, FL</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  **4/8/97**

CR2E037 (9/96)