

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N12379
1. Corporation Name
WOODGATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: c/o Miami Management, Inc. 1189 Sawgrass Corporate Pkwy. Sunrise, FL 33323
Mailing Address: c/o Miami Management, Inc. 1189 Sawgrass Corporate Parkway Sunrise, FL 33323

3. Date Incorporated or Qualified: 12/03/85
4. FEI Number: 59-2614027 Applied For: Not Applicable

2. Principal Place of Business: c/o Miami Management, Inc. 1189 Sawgrass Corporate Parkway Sunrise, FL 33323
2a. Mailing Address: c/o Miami Management, Inc. 1189 Sawgrass Corporate Parkway Sunrise, FL 33323
21. Suite, Apt. #, etc.: 1189 Sawgrass Corporate Parkway
22. City & State: Sunrise, FL
23. Zip: 33323 Country: USA
24. Zip: 33323 Country: USA
25. USA
26. Suite, Apt. #, etc.: 1189 Sawgrass Corporate Parkway
27. City & State: Sunrise, FL
28. Zip: 33323 Country: USA
29. Zip: 33323 Country: USA
30. USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Malcolm H. Waldron, III
c/o A&M Property Management
3475 Hiatus Road
Sunrise, FL 33351

10. Name and Address of New Registered Agent
81 Name: Lawrence J. Marraffino, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 309 NE First Street
83
84 City: Gainesville FL 85 Zip Code: 32601

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *Lawrence J. Marraffino* (NOTE: Registered Agent signature required when reinstating) 3/13/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Mosey, Larry	
STREET ADDRESS	542 Woodgate Circle	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	Martinotti, Jose	
STREET ADDRESS	15730 Woodgate Place	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Menendez, Nydia	
STREET ADDRESS	15700 Woodgate Court	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Rutner, Eric	
STREET ADDRESS	15722 Woodgate Place	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Kalarchin, Vahan	
STREET ADDRESS	624 Woodgate Circle	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Paternetti, Joe	
STREET ADDRESS	644 Woodgate Place	
CITY-ST-ZIP	Sunrise, FL 33326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pierce, Gary	
1.3 STREET ADDRESS	15703 Woodgate Place	
1.4 CITY-ST-ZIP	Sunrise, FL 33326	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200002476282	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/02/98--01006--010	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Gary K. Mosey President* 16/3/98 954-584-6884
Date Daytime Phone #

CR2E037 (10/97)