

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
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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
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2. Principal Place of Business 21 Management, Inc. Suite, Apt. #, etc. 1189 Sawgrass 22 Corporate Parkway City & State 23 Sunrise, FL Zip 24 33323	2a. Mailing Address 26 Management, Inc. Suite, Apt. #, etc. 1189 Sawgrass 27 Corporate Parkway City & State 28 Sunrise, FL Zip 29 33323	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 12/03/85
4. FEI Number 59-2614027
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code FL 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 *[Signature]* (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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: *[Signature]* **16/3/98** **954-584-6884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)