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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90083 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 PARKWAY SUNRISE FL 33323 US	Mailing Address C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US
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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	3. Date Incorporated or Qualified 12/04/1985 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
9. Name and Address of Current Registered Agent MARRAFFINO, LAWRENCE J P.A. 309 NE FIRST STREET GAINESVILLE FL 32601		10. Name and Address of New Registered Agent 81 Name CARLOS TRIAY, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD., SUITE 1110 83 CORAL GABLES, FL 33134 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 reinstating)

DATE

1/28/98

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	1.1 TITLE	
NAME	MOSEY, LARRY	1.2 NAME	
STREET ADDRESS	542 WOODGATE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD
NAME	MENENDEZ, NYDIA	2.2 NAME	MAHMOOD, TAHIR
STREET ADDRESS	15700 WOODGATE COURT	2.3 STREET ADDRESS	610 WOODGATE LANE
CITY-ST-ZIP	SUNRISE FL 33326	2.4 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	VPD	3.1 TITLE	VD
NAME	MARTINOTTI, JOSE	3.2 NAME	LYONS, RICHARD
STREET ADDRESS	15730 WOODGATE PLACE	3.3 STREET ADDRESS	632 WOODGATE CIRCLE
CITY-ST-ZIP	SUNRISE FL 33326	3.4 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	D	4.1 TITLE	
NAME	KALARCHIN, VAHAN	4.2 NAME	
STREET ADDRESS	624 WOODGATE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	D
NAME	RUTNER, ERIC	5.2 NAME	ESTOK, JAMIE
STREET ADDRESS	15722 WOODGATE PLACE	5.3 STREET ADDRESS	546 WOODGATE CIRCLE
CITY-ST-ZIP	SUNRISE FL 33326	5.4 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	D	6.1 TITLE	D
NAME	PATERNETTI, JOE	6.2 NAME	GRABER, JOHN
STREET ADDRESS	644 WOODGATE PLACE	6.3 STREET ADDRESS	635 WOODGATE LANE
CITY-ST-ZIP	SUNRISE FL 33326	6.4 CITY-ST-ZIP	SUNRISE, FL 33326

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, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE REQUIRED

1/20/99 954-584-6884
Date Daytime Phone #

CR2E037 (11/98)

240352-90083-29
N12379

NONPROFIT CORPORATION ANNUAL REPORT 1999

**DOCUMENT #N12358
WOODGATE COMMUNITY ASSOCIATION, INC.**

12. D
MARTINOTTI, JOSE
15730 WOODGATE PLACE
SUNRISE, FL 33326