

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12379

1. Entity Name

WOODGATE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90128 042 ****61.25

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 33323-2847 US
--	---

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2614027

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIAY, CARLOS ESQ
999 PONCE DE LEON BLVD., STE 1110
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSEY, LARRY 542 WOODGATE CIR SUNRISE FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAHMOOD, TAHIR 610 WOODGATE LN SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary- Director Howard Gilbert 647 Woodgate Lane Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYONS, RICHARD 632 WOODGATE CIRCLE SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres- Director Kim Thompson 15736 Woodgate Court Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTOK, JAMIE 546 WOODGATE CIRCLE SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Director Mary Ellen Blasenstien 536 Woodgate Circle Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUTNER, ERIC 15722 WOODGATE PLACE SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Ed Hinman Ed Hinman 15734 Woodgate Place Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATERNETTI, JOE 644 WOODGATE PLACE SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zack Nicholas - Director 6005 Woodgate Lane Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)