

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2614027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRIAI, CARLOS ESQ 999 PONCE DE LEON BLVD., STE 1110 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Howard Gilbert 647 Woodgate Lane Sunrise, FL 33326
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kim Thompson 15736 Woodgate Court Sunrise, FL 33326
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Ellen Blasenstein 536 Woodgate Circle Sunrise, FL 33326
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ed Hinman 15734 Woodgate Place Sunrise, FL 33326
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 605 Woodgate Lane Sunrise, FL 33326

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]* **SIGNING OFFICER OR DIRECTOR** Date **1/25/00** Daytime Phone # _____

CR2E037 (9/99)