

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90170 026 \*\*\*\*61.25

**DOCUMENT # N12379**

1. Entity Name

**WOODGATE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT, INC.  
 1189 SAWGRASS CORPORATE PARKWAY  
 SUNRISE FL 33323  
 US

C/O MIAMI MANAGEMENT, INC.  
 1189 SAWGRASS CORPORATE PARKWAY  
 SUNRISE FL 33323  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*C/O CDS Management*

*C/O CDS Management*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*300 South Pine Island Rd 212*

*PO Box 17524*

City & State

City & State

*Plantation FL*

*Plantation FL*

4. FEI Number

**59-2614027**

Applied For

Not Applicable

Zip **33324**

Country **USA**

Zip **33318-7524**

Country **USA**

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

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

Name *CDS Management & Real Estate Group, Inc*  
 Street Address (P.O. Box Number is Not Acceptable)  
*300 South Pine Island Road*  
*Suite 212*  
 City *Plantation* FL Zip *33324*

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	SD GILBERT, HOWARD 647 WOODGATE LN SUNRISE FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, KIM 15736 WOODGATE CT SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLASENSTEIN, MARY ELLEN 536 WOODGATE CT SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINMAN, ED 15734 WOODGATE CT SUNRISE FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, ZACK 605 WOODGATE CT SUNRISE FL 33326	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTY MARTINOTTI 15730 WOODGATE PLACE SUNRISE, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN ALLER 505 WOODGATE CIRCLE SUNRISE FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN SANTOS 540 WOODGATE CIRCLE 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 #

*Carol D. Schecter*  
 President CDS Management & Real Estate Group, Inc  
 2/05/01

CR2E037 (10/00)