


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90124 037 ****61.25

DOCUMENT # N12379
 1. Entity Name
WOODGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O CDS MANAGEMENT
300 SOUTH PINE ISLAND RD #238
PLANTATION, FL 33324 US

Mailing Address
C/O CDS MANAGEMENT
300 SOUTH PINE ISLAND RD #238
PLANTATION, FL 33324 US

49043304



2. Principal Place of Business
 Suite, Apt. #, etc. **Suite 223**

3. Mailing Address
 Suite, Apt. #, etc. **Suite 223**

03312004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2614027

Applied For
 Not Applicable

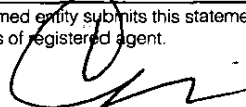
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CDS MANAGEMENT & REAL ESTATE GROUP, INC.
300 SOUTH PINE ISLAND ROAD
SUITE 238
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 223
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **CDS Management** DATE **4/1/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOSEY, LARRY	
STREET ADDRESS	542 WOODGATE CIR	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GILBERT, HOWARD	
STREET ADDRESS	647 WOODGATE LN	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLASENSTEIN, MARYELLEN	
STREET ADDRESS	536 WOODGATE CIR.	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANFIELD, NADINE	
STREET ADDRESS	640 WOODGATE CIR.	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTOS, JOHN	
STREET ADDRESS	540 WOODGATE CIRCLE	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS, ZACK	
STREET ADDRESS	605 WOODGATE CT	
CITY-ST-ZIP	SUNRISE, FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brad Hinds	
STREET ADDRESS	653 Woodgate Lane	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Gilbert	
STREET ADDRESS	647 Woodgate Lane	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amada Rivero	
STREET ADDRESS	660 Woodgate Circle	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nadine Braunfeld	
STREET ADDRESS	640 Woodgate Circle	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemarie Himick	
STREET ADDRESS	630 Woodgate Circle	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Stanley	
STREET ADDRESS	662 Woodgate Circle	
CITY-ST-ZIP	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:  DATE: **4/1/04** DAYTIME PHONE #: **786-285-1717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR