

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12379

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** WOODGATE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O A & M PARTNERS, INC.  
3475 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O A & M PARTNERS, INC.  
3475 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 59-2614027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A & M PARTNERS, INC.  
3475 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: DUGAN, CAREY  
Address: 671 WOODGATE CIRCLE  
City-St-Zip: SUNRISE, FL 33326

Title: P ( ) Delete  
Name: STANLEY, JAN  
Address: 662 WOODGATE CIRCLE  
City-St-Zip: SUNRISE, FL 33326

Title: V ( ) Delete  
Name: RIVERO, AMADA  
Address: 660 WOODGATE CIR  
City-St-Zip: SUNRISE, FL 33326

Title: T ( ) Delete  
Name: CASSERLY, ELAINE  
Address: 651 WOODGATE CIRCLE  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: DUGAN, CARI  
Address: 3475 NORTH HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: P (X) Change ( ) Addition  
Name: STANLEY, JAN  
Address: 3475 NORTH HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: V (X) Change ( ) Addition  
Name: RIVERO, AMADA  
Address: 3475 NORTH HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: T (X) Change ( ) Addition  
Name: CASSERLY, ELAINE  
Address: 3475 NORTH HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MARIE WALDRON

CAM

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date