

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12379

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: WOODGATE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

C/O A & M PARTNERS, INC.  
3495 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US

## New Principal Place of Business:

600 N. PINE ISLAND RD. #450  
PLANTATION, FL 33324

## Current Mailing Address:

C/O A & M PARTNERS, INC.  
3495 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US

## New Mailing Address:

600 N. PINE ISLAND RD. #450  
PLANTATION, FL 33324

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.  
3495 NORTH HIATUS ROAD  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

SUNRISE MANAGEMENT, INC.  
600 N. PINE ISLAND RD. #450  
PLANTATION, FL 33324 US

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: JAN STANLEY

02/16/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: DUGAN, CARI  
Address: 600 N. PINE ISLAND RD. #450  
City-St-Zip: PLANTATION, FL 33324

Title: P  
Name: STANLEY, JAN  
Address: 600 N. PINE ISLAND RD. #450  
City-St-Zip: PLANTATION, FL 33324

Title: VP  
Name: CAICO, JOHN  
Address: 600 N. PINE ISLAND RD. #450  
City-St-Zip: PLANTATION, FL 33324

Title: T  
Name: CASSERLY, ELAINE  
Address: 600 N. PINE ISLAND RD. #450  
City-St-Zip: PLANTATION, FL 33324

Title: S  
Name: BERNER, BARBARA  
Address: 600 N. PINE ISLAND RD. #450  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: SCHOCK, CURTIS  
Address: 600 N. PINE ISLAND RD. #450  
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: JAN STANLEY

PD

02/16/2010

Electronic Signature of Signing Officer or Director

Date