

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90168 020 ****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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

**CDS MANAGEMENT & REAL ESTATE GROUP, INC.
300 SOUTH PINE ISLAND ROAD
SUITE 238
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input 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	T	<input checked="" type="checkbox"/> Delete
NAME	LYONS, RICHARD	
STREET ADDRESS	632 WOODGATE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLER, CHRISTIAN	
STREET ADDRESS	505 WOODGATE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTOS, JOHN	
STREET ADDRESS	540 WOODGATE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLAS, ZACK	
STREET ADDRESS	605 WOODGATE CT	
CITY-ST-ZIP	SUNRISE FL 33326	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maryellen Blasenstain	
STREET ADDRESS	536 Woodgate Circle	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADINE Branfield	
STREET ADDRESS	640 Woodgate Circle	
CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	D	<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:

3/19/03

(94)
472-3588

CR2E037 (10/02)