2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2024
Secretary of State
4747125531CC

DOCUMENT# 748707

Entity Name: THE WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063

Current Mailing Address:

C/O OASIS COMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063 US

FEI Number: 59-2014041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOVITZ SHIFRIN NESBIT
2101 NW CORPORATE BLVD
SUITE 410
BOCA RATON, FL 33431 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: CORY B. KRAVIT, ESQ. 09/09/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY	Title	TREASURER
Name	KOHNKE, CHRIS	Name	LEE, SHIRLEY
Address	C/O OASIS COMMUNITY MANAGEMENT 5100 W COPANS ROAD, STE 810	Address	C/O OASIS COMMUNITY MANAGEMENT 5100 W COPANS ROAD, STE 810
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063
Title	PRESIDENT	Title	VP
Name	MCLOUD, RANDY	Name	SWEET, DAVID
Address	C/O OASIS COMMUNITY MANAGEMENT 5100 W COPANS ROAD, STE 810	Address	C/O OASIS COMMUNITY MANAGEMENT 5100 W COPANS ROAD, STE 810
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063
Title	DIRECTOR		
Name	WILLETT, THOMAS		
Address	C/O OASIS COMMUNITY MANAGEMENT 5100 W COPANS ROAD, STE 810		
City-State-Zip:	MARGATE FL 33063		

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: CHRIS KOHNKE SECRETARY 09/09/2024

Electronic Signature of Signing Officer/Director Detail — Date