

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754306

**Entity Name:** WOODLAKE ISLES, INC.

**Current Principal Place of Business:**

MAMI MANAGEMENT INC  
1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE , FL 33323

**Current Mailing Address:**

MIAMI MANAGEMENT  
1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE , FL 33323 US

**FEI Number:** 59-2084807

**Certificate of Status Desired:** No

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

LLOYD W. PROCTON, P.A.  
400 SE 18TH STREET  
FORT LAUDERDALE, FL 33316-2820 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DILLENBACK, MARINA  
Address 681 BANKS RD  
City-State-Zip: MARGATE FL 33063

Title SECRETARY  
Name SCHAVOINE, FONTAINE  
Address 611 BANKS RD  
City-State-Zip: MARGATE FL 33063

Title VP  
Name PACE, LORETTA  
Address 629 BANKS RD  
City-State-Zip: MARGATE FL 33063

Title PRESIDENT  
Name CORDERO, LUIS  
Address 805 BANKS RD  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR  
Name SUE, KARPINSKI  
Address 737 BANKS RD  
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:** LUIS CORDERO

**PRESIDENT**

**05/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date