


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90221 021 \*\*\*\*61.25

<b>DOCUMENT # 727079</b>					
1. Entity Name WOODLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 350 WOODLAND AVENUE 10 COCOA BEACH, FL 32931 US		Mailing Address PO BOX 320953 COCOA BEACH, FL 32932-0953 US			
2. Principal Place of Business <b>350 WOODLAND AVE.</b>		3. Mailing Address <b>SAME AS ABOVE (P.O. BOX)</b>			
Suite, Apt. #, etc. <b>#1</b>		Suite, Apt. #, etc.			
City & State <b>COCOA BEACH, FL</b>		City & State		4. FEI Number <b>59-1605067</b>	
Zip <b>32931</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>SANDBERG, ROBERTA</b> 350 WOODLAND AVENUE 10 COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name <b>LUKACH, VINCENT J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>350 WOODLAND AVE.</b> <b>#1</b> City <b>COCOA BEACH, FL</b> Zip Code <b>32931</b>		
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 <b>Vincent J. Lukach (President &amp; Secretary)</b>		DATE <b>4/13/05</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		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	PTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDBERG, ROBERTA		NAME		
STREET ADDRESS	350 WOODLAND AVENUE, #10		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, JOLANTA		NAME	<b>COLLINS, JOLANTA</b>	
STREET ADDRESS	350 WOODLAND AVE, #4		STREET ADDRESS	<b>350 WOODLAND AVE. #4</b>	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, BEA		NAME		
STREET ADDRESS	350 WOODLAND AVENUE, #9		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKACH, VINCENT		NAME	<b>LUKACH, VINCENT</b>	
STREET ADDRESS	350 WOODLAND AVENUE, #1		STREET ADDRESS	<b>350 WOODLAND AVE, #1</b>	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDELORI, RONALD		NAME		
STREET ADDRESS	350 WOODLAND AVE, SUITE 15		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>NOE, JAMIE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALMON, MIKE		NAME	<b>NOE, JAMIE</b>	
STREET ADDRESS	360 WOODLAND AVE, #14		STREET ADDRESS	<b>350 WOODLAND AVE #5</b>	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>	
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: <b>Vincent J. Lukach</b>		DATE: <b>4/13/05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	