


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 727079
 1. Entity Name
WOODLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
350 WOODLAND AVENUE **PO BOX 320953**
7 **COCOA BEACH, FL 32932-0953 US**
COCOA BEACH, FL 32931 US

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-1605067 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUKACH, VINCENT J.
350 WOODLAND AVENUE
1
COCOA BEACH, FL 32931

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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000381810
 01/11/06-80070-020 6L 25
 DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOE, JAMIE 350 WOODLAND AVE # 5 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, JOLANITA 350 WOODLAND AVE, #4 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, BEA 350 WOODLAND AVENUE, #9 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSO LUKACH, VINCENT 350 WOODLAND AVENUE, #1 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDELORI, RONALD 350 WOODLAND AVE, SUITE 15 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMON, MIKE 360 WOODLAND AVE, #14 COCOA BEACH, FL 32931

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert Collins* 1/5/06 321-784-6130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #