



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727079</b>	
1. Entity Name WOODLAND CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 350 WOODLAND AVENUE 1 COCOA BEACH, FL 32931 US	Mailing Address PO BOX 320953 COCOA BEACH, FL 32932-0953 US
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DO NOT WRITE IN THIS SPACE

	
01052007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1605067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LUKACH, VINCENT J. 350 WOODLAND AVENUE 1 COCOA BEACH, FL 32931	DO NOT WRITE IN THIS SPACE
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000581604 01/10/07-80094-012 61.25
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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	PSD 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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IN THIS SPACE

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:**  **1-7-07** **321-784-3201**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #