

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90037 012 ****61.25



DOCUMENT # 727079

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

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

01062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1605067

Applied For
Not Applicable

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

00001000



6. Name and Address of Current Registered Agent

LUKACH, VINCENT J.
350 WOODLAND AVENUE
1
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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)

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NOE, JAMIE | |
| STREET ADDRESS | 350 WOODLAND AVE # 5 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | COLLINS, JOLANITA | |
| STREET ADDRESS | 350 WOODLAND AVE, #4 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BRADY, BEA | |
| STREET ADDRESS | 350 WOODLAND AVENUE, #9 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | LUKACH, VINCENT | |
| STREET ADDRESS | 350 WOODLAND AVENUE, #1 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CANDELORI, RONALD | |
| STREET ADDRESS | 350 WOODLAND AVE, SUITE 15 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SALMON, MIKE | |
| STREET ADDRESS | 360 WOODLAND AVE, #14 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nank Whitaker | |
| STREET ADDRESS | 350 Woodland Ave # 6 | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Jolanta Collins 1/6/08 321-784-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #