

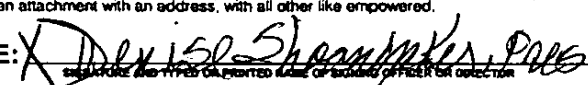


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90065 001 \*\*\*\*61.25  
 05-22-2006 90065 002 \*\*\*\*61.25

<b>DOCUMENT # 729162</b>					
1. Entity Name <b>WOODLAKE ASSOCIATION, INC.</b>					
Principal Place of Business 10033 DR. M. L. KING JR. STREET NORTH SECOND FLOOR ST. PETERSBURG, FL 33716 US			Mailing Address 10033 DR. M. L. KING JR. STREET NORTH SECOND FLOOR ST. PETERSBURG, FL 33716 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2023853</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMPART PROPERTIES, INC. 10033 DR. M. L. KING JR. STREET NORTH SECOND FLOOR ST. PETERSBURG, FL 33716			Name <b>HAL HILDEBRANDT</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O CMC</b> <b>4175 EBAY DR STE 205</b> City <b>CLWT</b> FL Zip Code <b>33704</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 			DATE <b>4/27/06</b>		
Filing Fee is \$81.25 Due by May 1, 2006			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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOONMAKER, DENISE 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACKWELL, MARCY 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, COLETTE 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KETROW, WARD 10033 DR. M. L. KING JR. ST. N. - 2ND FLR ST. PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DORLISA 10033 DR. M. L. KING JR. ST. N. - 2ND FLR ST. PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>RAMON GOMEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2056 SUNSET BLVD</b> <b>Clearwater, FL 33765</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: 			DATE: <b>7/16/06</b>		