


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

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90095 028 \*\*\*\*61.25

**DOCUMENT # 729162**

1. Entity Name  
 WOODLAKE ASSOCIATION, INC.



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

40100947



2. Principal Place of Business - No P.O. Box #  
 4175 E. Bay Dr. #205  
 Suite, Apt. #, etc.

3. Mailing Address  
 4175 E. Bay Dr. #205  
 Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State  
 Clearwater FL

City & State  
 Clearwater FL

Zip Country  
 33764 USA

Zip Country  
 33764 USA

4. FEI Number  
 59-2023853

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILDEBRANDT, HAL C/O CMC 4175 EBAY DR. STE 205 CLEARWATER, FL 33764		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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOONMAKER, DENISE			NAME	Gloria Hillenberg		
STREET ADDRESS	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.			STREET ADDRESS	2076 Sunset Point Rd. #145		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716			CITY-ST-ZIP	Clearwater, FL 33765		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACKWELL, MARCY			NAME			
STREET ADDRESS	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33716			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, COLETTE			NAME			
STREET ADDRESS	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33716			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOMEZ, RAMON			NAME			
STREET ADDRESS	2056 SUNSET BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Marcy Blackwell, VP. MARCY BLACKWELL 4/27/07 447-8883  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #