## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N04288**

1. Entity Name



ON	FILED Sep 07, 2005 8:00 am			
	Secretary of State			
	09-07-2005 90011 023 ****61.25			

WOODLA	AND CREEK HOME OWNER	RS' ASSOCIATION,		7			
Principal Place 7560 WOOD LAKE WORTH	LAND CREEK LANE	Mailing Address 7560 WOODLAND CREEK LANE LAKE WORTH, FL 33467		1.7.0	# 40.4. A		
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2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc.		08232005 Chg	3-NP CR2E037	(10/03)	
City & State		City & State		4. FEI Number 59-2445924		Applied For Not Applicat	ble
Zip	Country	Zip	Country	5. Certificate of Stat		8.75 Additional e Required	
	6. Name and Address of Current F	registered Agent		7. Name and Addre	ess of New Registered Ag	ent	
NORRIS, I	DAVID B		Name				
712 US HV			Street Address		ot Acceptable)		
	<b>,</b>						
			City		FL	Zip Code	-
	named entity submits this statement for	the purpose of changing its re	egistered office or registe	ered agent, or both, in th	ne State of Florida. I am fan	niliar with, and acce	pŧ
the obligat	tions of registered agent.						
SIGNATURE							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)	DATE		
• •	<del> </del>						
	Filing Fee is \$61.25	9. Election Camp		\$5.00 May Be	Make check p		
- <del>-</del>	ue by September 7, 2005	Trust Fund Co	ntribution.	Added to Fees	Florida Departm	ent of State	
10.	ue by September 7, 2005 OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees  ADDITIONS/CHANGES	Florida Departm	CTORS IN 10	ion
- <del>-</del>	ue by September 7, 2005	Trust Fund Co	ntribution.	Added to Fees  ADDITIONS/CHANGES	Florida Departm	ent of State	ion
10. TITLE	OFFICERS AND DIR	Trust Fund Co	11.  IIILE Pres D Ha  NAME STREET ADDRESS 74	Added to Fees  ADDITIONS/CHANGES  ATTY Richard	Florida Departm	CTORS IN 10	ion
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description 19.07(3)(i), Florida Statutes, I further certify that the information indicated in the information ind

8-24-05 561-601-4499
Date Daylim Prone 4