2006 NOT-FOR-PROFIT CORPORATION, ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

				<u> </u>	CULCIAL	y oi State		
DOCUMENT # N0500002786 1. Entity Name WOODSLANDING HOMEOWNERS ASSOCIATION, INC.						<i>J</i> 01 2 0000		
		Mailing Address 201 ALHAMBRA CIRCLE CORAL GABLES, FL 331						
2. Principal Place of Business 3. Ma		. Mailing Address	failing Address					
		Suite, Apt. #, etc.	·		ig-NP (CR2E037 (11/05)		
City & State		City & State		4. FEI Number	<u></u>		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Reg	istered Agent	462.00	7. Name and Add	ress of New Regi	stered Agent		
GETMAN,	DENNIS J		Name					
201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement for the tions of registered agent.	purpose of changing its r	registered office or registr	ered agent, or both, in	the State of Florid	a. I am (amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and to	lle if applicable (NOTE:	Registered Agent signature requir	ed when reinstating)	·	DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Efection Campsign Financing Trust Fund Contribution.		Make check payable to d to Fees Florida Department of State			
10.	OFFICERS AND DIREC	TORS	11,	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS IN	10	
TIFLE	DP	Delete	TITCE		LIDADAAF	4DC1 4 Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GETMAN, DENNIS J 201 ALHAMBRA CIRCLE 12TH FLC CORAL GABLES, FL 33134	OR	NAME STREET ADDRESS CHY-SI-ZIP	0	5/12/06-8	48614 0070-013 70	.00	
TITLE	DV	☐ Delete	TITLE			L] Change	☐ Addition	
NAME	KNOTT, STEVE		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-2IP					
TITLE	DAS	☐ Detete	TITLE			Change	☐ Addition	
NAME			2					
1	DUBIN, NEIL	IOP.	NAME					
STREET ADDRESS CITY-ST-ZIP	201 ALHAMBRA CIRCLE 12TH FLO	OOR	NAME STREET ADDRESS					
SIREET ADDRESS	1		NAME			☐ Change	Addition	
SIRLEI ADDRESS CITY-ST-ZIP TITLE NAME	201 ALHAMBRA CIRCLE 12TH FLO CORAL GABLES, FL 33134 S KERRIGAN, JUANITA	☐ Dolets	MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition	
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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 path; 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: By: Juanita J. Kerriger Scentury 1/27/06 (308) 442-7000 C INDIANTE AND TYPED OF PRINTED NAME OF SIGNING OFFICE AND DIRECTOR COSTON COSTON