


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90177 044 ****61.25

DOCUMENT # N21252					
1. Entity Name WOODS WALK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0054869	
				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		
ASSOCIATED PROPERTY MANagements 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROGA, JANE		NAME	SICA, GEORGE	
STREET ADDRESS	9816 CROSS PINE CT		STREET ADDRESS	3755 WOODS WALK BLVD.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LINDA		NAME	KINLEY, KEITH	
STREET ADDRESS	3684 CYPRESS WOOD CT		STREET ADDRESS	3666 WOODS WALK BLVD.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADOMSKI, DIANE		NAME	SMITH, LINDA	
STREET ADDRESS	9864 CROSS PINE		STREET ADDRESS	3684 CYPRESS WOOD CT.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINLEY, KEITH		NAME	GRADOMSKI, DIANE	
STREET ADDRESS	3666 WOODS WALK BLVD		STREET ADDRESS	9864 CROSS PINE CT.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SICA, GEORGE		NAME	PALOMBO, SUSAN	
STREET ADDRESS	3755 WOODS WALK BLVD		STREET ADDRESS	3651 WOODS WALK BLVD.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
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: <i>Diane Gradowski</i> DIANE GRADOMSKI				4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	