


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 013 \*\*\*\*61.25

**DOCUMENT # N50324**

1. Entity Name  
**THE WOODLANDS AT CAROLINA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 7071 WEST COMMERCIAL BLVD 2B TAMARAC, FL 33319 US	Mailing Address 7071 WEST COMMERCIAL BLVD 2B TAMARAC, FL 33319 US
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01202004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0354970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BUSCH, KAREN  
 7071 WEST COMMERCIAL BLVD  
 2B  
 TAMARAC, FL 33319

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTERSON, JANET 3060 BAYBERRY WAY MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <i>CARLEY</i> CARLEY, BRENDA 3150 BAYBERRY WAY MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, TRUDY 3138 BAYBERRY WAY MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITTERSON, JANET 3060 BAYBERRY WAY MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, TRUDY 3138 BAYBERRY WAY MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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]* 2/15/04 861-924426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR → Date Daytime Phone #