


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90007 032 ****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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01092006 Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent
BUSCH, KAREN
 7071 WEST COMMERCIAL BLVD
 2B
 TAMARAC, FL 33319

7. Name and Address of New Registered Agent
 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, 2006

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

Make check payable to Florida Department of State

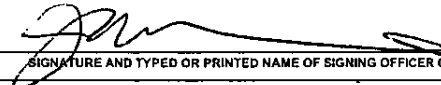
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PITTERSON, JANET	
STREET ADDRESS	3060 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, ALEXANDER	
STREET ADDRESS	6812 DOGWOOD LANE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVANS, TRUDY	
STREET ADDRESS	3138 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PITTERSON, JANET	
STREET ADDRESS	3060 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVANS, TRUDY	
STREET ADDRESS	3138 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, JEFF	
STREET ADDRESS	3049 WOODLANDS DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIE TOLLO	
STREET ADDRESS	3107 ROSEWOOD LANE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  DATE: 3/15/06 DAYTIME PHONE #: 954 733-9010