


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90037 003 ****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

40020474



2. Principal Place of Business - No P.O. Box #
clo Integrity Property Mgt

3. Mailing Address
953 University Dr

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

02262007 Chg-NP CR2E037 (12/06)

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33071

Country
USA

Zip
33071

Country
USA

4. FEI Number
 65-0354970

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 *Cynthia Whittle*

Street Address (P.O. Box Number is Not Acceptable)
clo Integrity Property Mgt
953 University Drive

City *Coral Springs* FL Zip Code *33071*

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 *Cynthia Whittle* DATE *2/28/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <i>Treasurer</i> PITTERSON, JANET 3060 BAYBERRY WAY MARGATE, FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <i>Secretary</i> PERRY, ALEXANDER 6812 DOGWOOD LANE MARGATE, FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, TRUDY 3138 BAYBERRY WAY MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORO, JAMIE 3107 DOGWOOD LANE MARGATE, FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <i>Vice President</i> EVANS, TRUDY 3138 BAYBERRY WAY MARGATE, FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <i>President</i> CAMPBELL, JEFF 3049 WOODLANDS DR POMPANO BEACH, FL 33063 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> Hilton Goss 3109 Bayberry Way MARGATE, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: *2/28/07* DAYTIME PHONE: *954 346-0674*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR