


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 029 \*\*\*\*61.25

<b>DOCUMENT # N50324</b>					
1. Entity Name THE WOODLANDS AT CAROLINA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRITY PROPERTY MGT. CORAL SPRINGS, FL 33071 US			Mailing Address 953 UNIVERSTY DR. POMPANO BEACH, FL 33071 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0354970	
5. Certificate of Status Desired <input type="checkbox"/>				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		
WHITTLE, CYNTHIA C/O INTERGRITY PROPERTY MGT. 953 UNIVERSTY DR. CORAL SPRINGS, FL 33071			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTERSON, JANET		NAME	Goss, Hilton	
STREET ADDRESS	3060 BAYBERRY WAY		STREET ADDRESS	3109 Bayberryway	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, ALEXANDER		NAME		
STREET ADDRESS	6812 DOGWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORO, JAMIE		NAME		
STREET ADDRESS	3107 DOGWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, TRUDY		NAME		
STREET ADDRESS	3138 BAYBERRY WAY		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JEFF		NAME		
STREET ADDRESS	3049 WOODLANDS DR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33063		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>D Goss, Hilton</i>		NAME		
STREET ADDRESS	<i>3109 Bayberry way</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Margate, FL 33063</i>		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: _____		_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/27/08	
				Daytime Phone #: 954 346 0677	