

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90227 045 ****61.25

DOCUMENT # N50324

1. Entity Name

THE WOODLANDS AT CAROLINA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

% UNITED COMMUNITY MGMT
3300 UNIVERSITY DR., #405
CORAL SPRINGS FL 33065
US

Mailing Address

% UNITED COMMUNITY MGMT
3300 UNIVERSITY DR., #405
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

7071 W. Commercial Blvd.

3. Mailing Address

7071 W. Commercial Blvd

Suite, Apt. #, etc.

2B

Suite, Apt. #, etc.

2B

City & State

Tamarac, FL

City & State

Tamarac, FL

4. FEI Number **65-0354970**

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

UNITED COMMUNITY MGMT CORP
3300 UNIVERSITY DR., #405
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **Karen Busch, VP - Sunrise Mgmt.**
Street Address (P.O. Box Number is Not Acceptable)
7071 W. Commercial Blvd
Suite 2B
City **Tamarac** FL Zip Code **33319**

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

Karen Busch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete
NAME	ERB, ELIZABETH	
STREET ADDRESS	3181 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MUSTER, MARA	
STREET ADDRESS	3144 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARLEY, BRENDA	
STREET ADDRESS	3150 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. Herson, Janet	
STREET ADDRESS	3060 Bayberry Way	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carley, Brenda	
STREET ADDRESS	3150 Bayberry Way	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evans, Trudy	
STREET ADDRESS	3138 Bayberry Way	
CITY-ST-ZIP	Margate, FL 33063	
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 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] **REQUIRED**

5/19/03

CR2E037 (10/02)