## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ANTOAL REI ORI

**DOCUMENT # 721528** 

1. Entity Name
THE WOODLANDS, SECTION TWO PHASE ONE
ASSOCIATION, INC.



## FILED Feb 10, 2005 8:00 am Secretary of State

02-10-2005 90043 050 \*\*\*\*61.25

ASSOCIATION, INC.								
107 SUITE 107			COMMERCIAL BLVD		400	16007		
FORT LAUDERDALE, FL 33319 US LAUDERHILL, FL 33319 US							[] <b>878</b>    <b>318</b>    <b>816</b>    <b>878</b>	
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182005 Ch	ig-NP CR2	E037 (10/03)	
City & State		City & State		4. FEI Number Applied For 59-2168564 Not Applicable				
Zip	Country	Zip	p Country		5. Certificate of Status Desired			
	6. Name and Address of Current Re	egistered Agent	1		<del></del>	ress of New Register		
AND A COAD OF COMMUNITY MANAGEMENT				Name				
AMBASSADOR COMMUNITY MANAGEMENT 7100 W. COMMERCIAL BLVD 107 FORT LAUDERDALE, FL 33319			Ì	Street Address (P.O. Box Number is Not Acceptable)				
FORTLAC	JUERUALE, FL 33319							
				City			FL Zip Code	e
	named entity submits this statement for ti tions of registered agent.	he purpose of changing its	s registere	ed office or registe	ered agent, or both, in	the State of Florida. 1	am familiar with,	and accept
	·			-	•			
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	TE: Registered	Agent signature require	ed when reinstating)	DA	NTE	
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2005 Trust Fund Contrib				innanian '	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State			
					\$5.00 May Be Added to Fees			
10.		Trust Fund			\$5.00 May Be Added to Fees	Florida De	epartment of S	tate
10.	OFFICERS AND DIRE	Trust Fund	Contributi	ion, 🗆	Added to Fees	Florida De	epartment of S	tate
TITLE NAME	OFFICERS AND DIRE PD BEYER, MARILYN	Trust Fund	11. TITLE	ion.	Added to Fees	Florida De	epartment of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIFE PD BEYER, MARILYN 5912 BLUE BEECH CT	Trust Fund	11. TITLE NAME STREET	ET ADDRESS	Added to Fees	Florida De	epartment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD BEYER, MARILYN	Trust Fund	11. TITLE NAME STREE	E E E T ADDRESSST-ZIP	Added to Fees	Florida De	D DIRECTORS IN	tate 1 10 Addition
TITLE NAME STREET ADDRESS	Due by May 1, 2005  OFFICERS AND DIRE PD BEYER, MARILYN 5912 BLUE BEECH CT TAMARAC, FL	Trust Fund	11. TITLE NAME STREET	E E ET ADDRESSST-ZIP	Added to Fees	Florida De	epartment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2005  OFFICERS AND DIRE PD BEYER, MARILYN 5912 BLUE BEECH CT TAMARAC, FL TD	Trust Fund	11. TITLE NAME STREI CITY- TITLE NAME	E E ET ADDRESSST-ZIP	Added to Fees	Florida De	D DIRECTORS IN	tate 1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005  OFFICERS AND DIRE  PD BEYER, MARILYN 5912 BLUE BEECH CT TAMARAC, FL TD IRVING, GOODSTADT 5507 BANYAN LANE TAMARAC, FL 33319	Trust Fund	11. TITLE NAME STREE CITY- THLE NAME STREE	E E E E E E E E E E E E E E E E E E E	Added to Fees	Florida De	D DIRECTORS IN	tate 1 10 Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

10xx1188-11-42P