

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90009 018 ****61.25

DOCUMENT # 754306		
1. Entity Name WOODLAKE ISLES, INC.		

Principal Place of Business C/O CCM 10034 W MCNAB ROAD TAMARAC, FL 33321	Mailing Address C/O CCM 10034 W MCNAB ROAD TAMARAC, FL 33321 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2084807	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAMES, MILES 10034 W MCNAB ROAD TAMARAC, FL 33321		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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINNEN, RITA 10034 W MCNAB ROAD TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY WAHLEN ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAHLEN, GARY 10034 W MCNAB ROAD TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES SHEPARD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PACE, LORETTA 10034 W MCNAB ROAD TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY CATHEEN GILLAND ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, LAURA 10034 W MCNAB ROAD TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORETTA PACE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLAND, CATHEEN 10034 W MCNAB ROAD TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William E. BARTLETT. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Cathleen Gilland CATHEEN GILLAND 2/3/06 954 975 3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #