

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90027 044 \*\*\*\*61.25

<b>DOCUMENT # 751125</b>			
1. Entity Name <b>THE WOODLET CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1599 NW 9TH AVE BOCA RATON FL 33486</b>		Mailing Address <b>GRANT PROP MGMT 1599 N.W. 9TH AVE BOCA RATON FL 33486 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>ROBERT KAYE &amp; ASSOC., PA</b> <b>6261 NW 6TH WAY, SUITE 103</b> <b>FORT LAUDERDALE FL 33309</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LANGFORD, ROBERT STREET ADDRESS 1400 NW 9TH AVE #21 CITY-ST-ZIP BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete		TITLE PD NAME NATION, CARY STREET ADDRESS 1400 NW 9th Ave., #16 CITY-ST-ZIP Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BLAKE, WIL STREET ADDRESS 1400 NW 9TH AVE. #19 CITY-ST-ZIP BOCA RATON FL 33486 <input type="checkbox"/> Delete		TITLE TD NAME BLAKE, WIL STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE SD NAME GREENFIELD, DR. WILMA STREET ADDRESS 1400 NW 9th Ave., #12 CITY-ST-ZIP Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 Section 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:** *Wil Blake* **WIL BLAKE** *2/20/06* *561-852-9321*