AMENDED

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

06-02-2006 90002 014 ****61.25
N04000009323

FILED

06 MAY 30 PM 3:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

50020363

DOCUMENT # N04000009323

1. Entity Name
WOODLAND LAKES PRESERVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751	620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751

02202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Community Management Prof.	Community Management Prof.
Suite, Apt. #, etc.: Suite 450 - 5401 S. Kirkman Rd	Suite, Apt. #, etc.: Suite 450 - 5401 S. Kirkman Rd
City & State: Orlando FL	City & State: Orlando FL
Zip: 32819 Country:	Zip: 32819 Country:

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. 255 SOUTHORANGE AVE STE 1700 ORLANDO, FL 32801	Name: Community Management Professionals Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Rd. Ste. 450 City: Orlando FL Zip Code: 32819

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: Sue Carpenter, Pres. 4-20-06
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSEN, ROBERT T 620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MCNEUGHT, MARY JANE 620 NORTH WYMORE RD. STE 240 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JBK 6/6	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KAUFMANN, LARRY 620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: 5/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #