2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 711251

Entity Name: WOODSTOCK LODGE - A CONDOMINIUM, INC.

Current Principal Place of Business:

5420 N.W. 11TH STREET
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

5420 N.W. 11TH STREET
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 59-1163126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNOLLY, DOROTHY
8002 LAGOS DE CAMPOS BLVD
APT 306 B
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HICKS, ROBBIE	
Address:	5420 NW 11TH ST 308	
City-St-Zip:	PLANTATION, FL 33313	
Title:	T	( ) Delete
Name:	CONNOLLY, DOROTHY	
Address:	5420 NW 11TH STREET #203	
City-St-Zip:	PLANTATION, FL 33313	
Title:	S	( ) Delete
Name:	LEIGH, SUSANA	
Address:	542ND NW 11 ST # 303	
City-St-Zip:	PLANTATION, FL 33313	
Title:	VP	( ) Delete
Name:	HART, BARKER	
Address:	5420 NW 11ST # 205	
City-St-Zip:	PLANTATION, FL 33313	
Title:	ASST	( ) Delete
Name:	KLEIN, LINDA	
Address:	5420 NW 11TH ST # 105	
City-St-Zip:	PLANTATION, FL 33313	
Title:	D	( ) Delete
Name:	KLEIN, MACK	
Address:	5420 NW 11ST # 105	
City-St-Zip:	PLANTATION, FL 33313	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY CONNOLLY T 04/07/2009

Electronic Signature of Signing Officer or Director — Date