

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90069 037 ****61.25

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01182005 Chg-NP CR2E037 (10/03)

DOCUMENT # 719943 1. Entity Name THE WOODLAND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7100 W. COMMERCIAL BLVD. 107 LAUDERHILL, FL 33319 US			Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1347069	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMBASSADOR COMMUNITY MGMT INC 7100 W. COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALABISCO, JACK		NAME		
STREET ADDRESS	5215 WHITE OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAM, HARVEY		NAME	SEYMOUR MARGOLIS	
STREET ADDRESS	4802 QUEEN PALM LANE		STREET ADDRESS	4704 Queen Palm Lane	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP	TAMARAC, FL. 33319	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANK, SHIRLEY		NAME		
STREET ADDRESS	5704 S TRAVELERS PALM LN		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORN, LARRY		NAME		
STREET ADDRESS	4500 KING PALM DR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jack Talabisco</i>			4/13/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		