
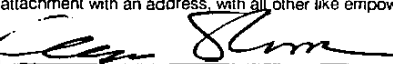


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2005 90046 007 \*\*\*\*61.25

<b>DOCUMENT # 720045</b> 1. Entity Name <b>WOODLANDS I ASSOCIATION INC.</b>					
Principal Place of Business 7100 W COMMERCIAL BLVD 107 FORT LAUDERDALE, FL 33319 US			Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-2168563</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AMBASSADOR COMMUNITY MGMT INC</b> <b>7100 W COMMERCIAL BLVD #107</b> <b>FORT LAUDERDALE, FL 33319</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BENSON, DR. S</b>		NAME		
STREET ADDRESS	<b>5305 SAGO PALM BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SLOANE, ALAN</b>		NAME		
STREET ADDRESS	<b>5208 BUTTONWOOD COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRANCIS, FAY</b>		NAME		
STREET ADDRESS	<b>5401 BAYBERRY LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRIEDLAND, MARION</b>		NAME		
STREET ADDRESS	<b>5401 AVOCADO DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL</b>		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WISE, WAYNE</b>		NAME	<b>Debbie San Antonio</b>	
STREET ADDRESS	<b>5208 BUTTONWOOD CT.</b>		STREET ADDRESS	<b>4601 Cavendish Circle</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>		CITY-ST-ZIP	<b>Tamarac, Fl. 33319</b>	
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: 			4/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		