


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90095 028 \*\*\*\*61.25

<b>DOCUMENT # 729162</b> 1. Entity Name WOODLAKE ASSOCIATION, INC.					
Principal Place of Business 10033 DR. M. L. KING JR. STREET NORTH SECOND FLOOR ST. PETERSBURG, FL 33716 US			Mailing Address 10033 DR. M. L. KING JR. STREET NORTH SECOND FLOOR ST. PETERSBURG, FL 33716 US		
2. Principal Place of Business - No P.O. Box # 4175 E. Bay Dr. #205 Suite, Apt. #, etc.		3. Mailing Address 4175 E. Bay Dr. #205 Suite, Apt. #, etc.			
City & State Clearwater FL		City & State Clearwater FL			
Zip 33764		Country USA		4. FEI Number 59-2023853	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HILDEBRANDT, HAL C/O CMC 4175 EBAY DR. STE 205 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOONMAKER, DENISE 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gloria Hillenberg 2076 Sunset Point Rd. #145 Clearwater, FL 33765 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACKWELL, MARCY 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG, FL 33716 <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	SD WILLIAMS, COLETTE 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG, FL 33716 <input checked="" 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	T GOMEZ, RAMON 2056 SUNSET BLVD. CLEARWATER, FL 33765 <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 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.					
<b>SIGNATURE: <u>Marcy Blackwell, VP</u> MARCY BLACKWELL 4/27/07 447-8883</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40100947



04032007 Chg-NP CR2E037 (12/06)