

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 028 ****61.25

DOCUMENT # 740623

1. Entity Name

WOODLAND LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5345 WOODLAND LAKES DRIVE
PALM BEACH GARDENS FL 33418-1698**

Mailing Address

**5345 WOODLAND LAKES DRIVE
PALM BEACH GARDENS FL 33418-1698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2089344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, J. RICHARD
450 ROYAL PALM WAY
PALM BEACH FL 33480**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WREATHER, GEORGE	
STREET ADDRESS	5250 WOODLAND LAKES DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOHLFORD, W. SAM	
STREET ADDRESS	5250 WOODLAND LAKES DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOECKMANN, LOIS	
STREET ADDRESS	5350 WOODLAND LAKES DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMTSFIELD, CARL	
STREET ADDRESS	5390 WOODLAND LAKES #104	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DE SALVO, NICK	
STREET ADDRESS	5188 WOODLAND LAKES DR #337	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Dooley	
STREET ADDRESS	5188 Woodland Lakes Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	561-493-8208	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #