

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90001 002 \*\*\*\*61.25

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06062006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # 745309</b> 1. Entity Name THE VILLAS AT WOODLAND GREENS ASSOCIATION, INC.					
Principal Place of Business PHOENIX MANAGEMENT SERVICES, INC. 4780 N. ST. RD 7# E250 LAUDERDALE LAKES, FL 33319 US			Mailing Address PHOENIX MANAGEMENT SERVICES, INC. 4780 N. ST. RD 7# E250 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business <b>4800 N. St. Rd. 7 # 105</b>		3. Mailing Address <b>4800 N. ST. RD. 7</b>			
Suite, Apt. #, etc. <b>105</b>		Suite, Apt. #, etc. <b>105</b>			
City & State <b>Lauderdale Lakes FL</b>		City & State <b>Lauderdale Lakes FL</b>			
Zip <b>33319</b>		Country <b>Broward</b>		Zip <b>33319</b>	
Country <b>Broward</b>		4. FEI Number <b>59-1951740</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC. 4780 N. ST. RD 7 #E250 LAUDERDALE LAKES, FL 33319			7. Name and Address of New Registered Agent <b>PRC PROPERTY Management</b> Street Address (P.O. Box Number Not Acceptable) <b>2176 West Oakland Park Blvd</b> City <b>FORT LAUDERDALE</b> FL <b>33311</b>		
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 <b>Francine K. Rabe</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>7-6-06</b>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICK, KATRESE 5706 D SWORDFISH CIRCLE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>currently open</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, BRIAN 5820 A SWORDFISH COURT TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Gonzalez, Jose</b> <b>5706 D swordfish circle</b> <b>TAMARAC, FL. 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAPP, CAMELIA 5821 B SWORDFISH COURT TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Johnson, Brian</b> <b>5820 A swordfish court</b> <b>TAMARAC, FL. 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEFTON, LOUISE 5703 B SWORDFISH CIRCLE TAMARAC, FL 33319	<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	D SINVILLE, RON 5818 C SWORDFISH CIRCLE TAMARAC, FL 33319	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Plummer, Beverly</b> <b>5704 C swordfish circle</b> <b>TAMARAC, FL. 33319</b>
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.					
SIGNATURE <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7/5/06</b>	
Daytime Phone # <b>954 7333100</b>					