


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 745574 1. Entity Name WOODSCAPE TOWNHOMES CONDOMINIUM ASSOCIATION, INC	
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Principal Place of Business 3925 W WOODSCAPE DR MIRAMAR, FL 33023 US	Mailing Address 3925 W. WOODSCAPE DR MIRAMAR, FL 33023 US
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2043076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, PA 6261 NORTHWEST 6TH WAY SUITE 103 FT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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's 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODGERS, VIVEEN 6996 WOODSCAPE CIR. MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, PAULINE 6837 SW 36 COURT MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESTOLFE, ROBERT A 4007 W. WOODSCAPE DRIVE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80101-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Pauline Green **Pauline Green, President** **1/18/05** **954-987-1122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #