

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 745574

1. Entity Name
WOODSCAPE TOWNHOMES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**3925 W WOODSCAPE DR
 MIRAMAR, FL 33023 US**

Mailing Address
**3925 W. WOODSCAPE DR
 MIRAMAR, FL 33023 US**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2043076

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT KAYE & ASSOCIATES, PA
 6261 NORTHWEST 6TH WAY
 SUITE 103
 FT LAUDERDALE, FL 33309**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renouncing)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000465841
 03/22/06-80052-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODGERS, VIVIAN 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert de Stolfe 3/7/06 (954) 987-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #