


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 745574</b>	
<b>1. Entity Name</b> WOODSCAPE TOWNHOMES CONDOMINIUM ASSOCIATION, INC	

<b>Principal Place of Business</b> 3925 W WOODSCAPE DR MIRAMAR, FL 33023 US	<b>Mailing Address</b> 3925 W. WOODSCAPE DR MIRAMAR, FL 33023 US
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02212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

<b>6. Name and Address of Current Registered Agent</b>  ROBERT KAYE & ASSOCIATES, PA 6261 NORTHWEST 6TH WAY SUITE 103 FT LAUDERDALE, FL 33309
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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 date if applicable. (NOTE: Registered Agent signature required when removing) **DATE** \_\_\_\_\_

**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

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

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IN THIS SPACE**

**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 #