



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90005 027 \*\*\*\*61.25

<b>DOCUMENT # 747592</b>					
<b>1. Entity Name</b> WOODLAKE OF DEER CREEK HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2006 WOODLAKE CIRCLE DEERFIELD BEACH, FL 33442 US			<b>Mailing Address</b> 2006 WOODLAKE CIRCLE DEERFIELD BEACH, FL 33442 US		
<b>2. Principal Place of Business</b> 243 WOODLAKE Circle		<b>3. Mailing Address</b> 243 WOODLAKE Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022006 Chg-NP CR2E037 (11/05)	
<b>City &amp; State</b> Deerfield Beach FL		<b>City &amp; State</b> Deerfield Beach		<b>4. FEI Number</b> 59-2559854	
<b>Zip</b> 33442		<b>Country</b> US		<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> MCNAMARA, MICHAEL C 2006 WOODLAKE CIRCLE DEERFIELD BEACH, FL 33442			<b>7. Name and Address of New Registered Agent</b> Name: JOAN McCORMICK Street Address (P.O. Box Number is Not Acceptable): 243 Woodlake Circle City: Deerfield Beach FL Zip Code: 33442		
<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.</b> SIGNATURE: <u>Joan McCormick</u> <span style="float: right;">2/2/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> BROWN, DEBORAH J 1985 WOODLAKE TERRACE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PAUL LACEY 261 WOODLAKE Circle Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STORRINGS, RUTH 2077 WOODLAKE CIRCLE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STEVE MILLER 230 Woodlake Circle Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MCNAMARA, MICHAEL 2006 WOODLAKE CR DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MCCORMICK, JOAN 243 WOODLAKE CIRCLE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MACEACHERN, ALAN 2002 WOODLAKE CIRCLE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PETER, CARL 277 WOODLAKE CIRCLE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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.</b>					
<b>SIGNATURE:</b> <u>Joan McCormick</u>			Date: <u>2/2/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		