2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # 748707 03-24-2006 90035 029 ****61.25 THE WOODS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1901 N. ANDREWS AVENUE 1901 N. ANDREWS AVENUE 50005396 WILTON MANORS, FL 33311 WILTON MANORS, FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2014041 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAFER, CAROL 1901 N. ANDREWS AVE. Street Address (P.O. Box Number is Nat Acceptable STE. #219 WILTON MANORS, FL 33311 14anois 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. 18 MAQ 06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Derrick Butord. DOREN, JACK NAME NAME 4431 NE 17TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL 33334 wilton Hanors, FL 33311 CITY- ST- 7IP TITLE Delete ☐ Change ☐ Addition ROY, MICHAEL NAME NAME STREET ADDRESS 1901 N. ANDREWS AVE. #220 STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME KELLY, JOSEPH NAME STREET ADDRESS 26 NE 26TH DRIVE STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33334 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition KOHNKE, CHRISTOPHER NAME NAME STREET ADDRESS 1901 N ANDREWS AVENUE #219 STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP PΩ TITI F ☐ Delete ☐ Change ☐ Addition GRIFFIN, TUCKER NAME NAME STREET ADDRESS 1901 N. ANDREWS AVE., #102 STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-78 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 faccurate 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.

FILED

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Mar 24, 2006 8:00 am