
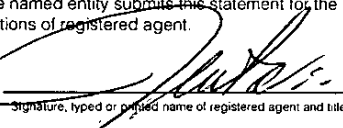



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90076 024 \*\*\*\*61.25

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>DOCUMENT # 752201</b><br>1. Entity Name<br>WOODS LANDING CONDOMINIUM ASSOCIATION, INC.   |  |   |   |  |   |
| Principal Place of Business<br>% COSMOS MANAGEMENT SERVICE, INC.<br>14411 COMMERCE WAY, SUITE 240<br>MIAMI LAKES, FL 33016  |  |   | Mailing Address<br>% COSMOS MANAGEMENT SERVICE, INC.<br>14411 COMMERCE WAY, SUITE 240<br>MIAMI LAKES, FL 33016  |   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |   |
| City & State  |  | City & State  |   |   |   |
| Zip   | Country  | Zip   | Country   |   |   |
| 4. FEI Number<br>59-2351492   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | \$8.75 Additional<br>Fee Required   |   |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |   |   |
| RUBIN, JAMES K. PA<br>1100 NE 163RD ST SUITE 101<br>NORTH MIAMI BEACH, FL 33162   |  |   | Name<br>Cosmos Management Services Inc.<br>Street Address (P.O. Box Number is Not Acceptable)<br>14411 Commerce Way, Suite 240<br>Miami Lakes, FL 33016<br>City<br>Miami Lakes FL Zip Code<br>33016 |   |   |
| 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  <i>Jorge Nodarse, C.A.H.</i> DATE <i>2/09/06</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |   |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |   |   |   |   |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RAMIRO, CORTEZ<br>6745 NW 169TH ST #F<br>MIAMI, FL 33015  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President<br>Jorge Nodarse<br>6900 N.W. 169th ST #F<br>Miami, FL 33015            | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>ALVEREZ, MIRIAM<br>6885 NW 169TH ST #A<br>MIAMI, FL 33015 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V.P.<br>Aida Diaz Gutierrez<br>6845 N.W. 169 ST #A<br>Miami, FL 33015             | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>REYES, MIRIAM<br>6825 NW 169TH ST #F<br>MIAMI, FL 33015   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V.P.<br>Maria Torres<br>6904 NW 169th St # d<br>Miami, FL 33015                   | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>PUMPIDO, ASTRID<br>6865 NW 169TH ST #H<br>MIAMI, FL 33015 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Secretary<br>Leon Saiz<br>6885 NW 169th St # B<br>Miami, FL 33015                 | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Treasurer<br>Wilma Alvarez<br>6885 NW 169th ST #A<br>Miami, FL 33015              | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change<br><input type="checkbox"/> Addition            |
| 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:  <i>Jorge Nodarse</i> President Date <i>2-10-06</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |   |