


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90001 015 ****61.25

DOCUMENT # 754306 1. Entity Name WOODLAKE ISLES, INC.			
Principal Place of Business C/O CONSOLIDATED COMM. MGMT 10034 W. MCNAB ROAD TAMARAC, FL 33321-1815 US		Mailing Address C/O CONSOLIDATED COMM. MGMT 10034 W. MCNAB ROAD TAMARAC, FL 33321-1815 US	
2. Principal Place of Business Phoenix Management Suite, Apt. #, etc. 4780 N State RD 7 City & State Suite E250 Lauderdale Lakes Zip 33319 Country USA		3. Mailing Address Phoenix Management Suite, Apt. #, etc. 4780 N State RD 7 Ste 250 City & State Lauderdale Lakes FL Zip 33319 Country USA	
4. FEI Number 59-2084807		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSOLIDATED COMMUNITY MANAGEMENT INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321-1815		7. Name and Address of New Registered Agent Name Phoenix Management Services Inc Street Address (P.O. Box Number is Not Acceptable) 4780 N State RD 7 Suite E250 City Lauderdale Lakes FL Zip Code 33376	
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 <u><i>Henry J. [Signature]</i></u> DATE <u>5/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D SHLOSS, JAN	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE	VPD ROSS, SHARON	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE	PD HELWIG, MARLENE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE	TD PACE, LORETTA	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE	D DORAN, HILDA	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD Rita Pinner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	773 Banks RD		
CITY-ST-ZIP	Margate FL 33063		
TITLE	TD wendy Dunham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	717 Banks RD		
CITY-ST-ZIP	Margate FL 33063		
TITLE	LPD Loretha Pace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	629 Banks RD		
CITY-ST-ZIP	Margate FL 33063		
TITLE	SD Hilda Doran	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	741 Banks RD		
CITY-ST-ZIP	Margate FL 33063		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Rita Pinner</i></u>		Date <u>5/26/04</u> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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