


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**

54055886



2. Principal Place of Business
Phoenix Management

3. Mailing Address
Phoenix Management

Suite, Apt. #, etc.
4780 N State RD 7

Suite, Apt. #, etc.
4780 N State RD 7 STE 250

03192003 Chg-NP CR2E037 (10/03)

City & State
Suite E 250 Lauderdale Lakes

City & State
Lauderdale Lakes FL

Zip
33319

Country
USA

Zip
33319

Country
USA

4. FEI Number
59-2084807

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 E 250

City
Lauderdale Lakes FL

Zip Code
33076

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 *Henry J. ...* DATE 5/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SHLOSS, JAN	
STREET ADDRESS 10034 W MCNAB RD	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME ROSS, SHARON	
STREET ADDRESS 10034 W MCNAB RD	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME HELWIG, MARLENE	
STREET ADDRESS 10034 W MCNAB RD	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME PACE, LORETTA	
STREET ADDRESS 10034 W MCNAB RD	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DORAN, HILDA	
STREET ADDRESS 10034 W MCNAB RD	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rita Pinner	
STREET ADDRESS 773 Banks RD	
CITY-ST-ZIP Margate FL 33063	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME wendy Dunham	
STREET ADDRESS 717 Banks RD	
CITY-ST-ZIP Margate FL 33063	
TITLE Loretta Pace VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 629 Banks RD	
CITY-ST-ZIP Margate FL 33063	
TITLE SD Hilda Doran	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 741 Banks RD	
CITY-ST-ZIP Margate FL 33063	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Rita Pinner* DATE 5/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #