

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 754306

1. Entity Name
WOODLAKE ISLES, INC.



FILED
AUG 2 2007

2007 SEP 11 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O CCM
10034 W MCNAB ROAD
TAMARAC, FL 33321

Mailing Address
C/O CCM
10034 W MCNAB ROAD
TAMARAC, FL 33321 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08072007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2084807

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLANDES, RHONDA PA
1861 N FEDERAL HWY #191
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name KATZMAN & KORR

Street Address (P.O. Box Number is Not Acceptable)

1501 NW 49 ST

SUITE 202

City FT LAUDERDALE

FL

Zip Code

33309

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

Signature, type and title if applicable

FERRON L. KORR, Esq.

8/21/07

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 P
NAME WAHLEN, GARY ☐ Delete
STREET ADDRESS 10034 W MCNAB ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VP
NAME SHEPARD, CHARLES ☒ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME GILLAND, CATHLEEN ☒ Delete
STREET ADDRESS 10034 W MCNAB ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME PACE, LORETTA ☒ Delete
STREET ADDRESS 10034 W MCNAB ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME BARTLETT, WILLIAM E ☒ Delete
STREET ADDRESS 10034 W MCNAB ROAD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME GARY WAHLEN ☒ Change ☐ Addition
STREET ADDRESS 725 BANKS ROAD
CITY-ST-ZIP MARGATE, FL 33063

TITLE P/D
NAME SHAWN LOPEZ ☐ Change ☐ Addition
STREET ADDRESS 775 BANKS ROAD
CITY-ST-ZIP MARGATE, FL 33063

TITLE V/D
NAME MARLEEN HELWIG ☐ Change ☐ Addition
STREET ADDRESS 689 BANKS ROAD
CITY-ST-ZIP MARGATE, FL 33063

TITLE S/D
NAME BEVERLY ROSSI ☐ Change ☐ Addition
STREET ADDRESS 743 BANKS ROAD
CITY-ST-ZIP MARGATE, FL 33063

TITLE T/D
NAME ANNE GARRICK ☐ Change ☐ Addition
STREET ADDRESS 655 BANKS ROAD
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300109594573
03/18/07--01068--002 **\$61.25

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:

MARLEEN HELWIG MARLEEN HELWIG 8-14-07 954-979-3816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #