

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754306

FILED
Feb 27, 2009
Secretary of State

Entity Name: WOODLAKE ISLES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-2084807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAHLEN, GARY
Address: 725 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: PD () Delete
Name: LOPEZ, SHAWN
Address: 775 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: HELWIG, MARLEEN
Address: 689 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: ROSSI, BEVERLY
Address: 743 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: GARRICK, ANNE
Address: 655 BANKS ROAD
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCIA, ADA
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: LOPEZ, SHAWN
Address: 10034 W MCNAB D
City-St-Zip: TAMARAC, FL 33321

Title: P (X) Change () Addition
Name: HELWIG, MARLEEN
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: SD (X) Change () Addition
Name: ROSSI, BEVERLY
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VPT (X) Change () Addition
Name: GARRICK, ANNE
Address: 10034 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLEEN HELWIG

P

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date