

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755486

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE WOODLANDS ESTATES HOMEOWNERS ASSOCIATION OF BROWARD COUNTY, INC.

Current Principal Place of Business:

C/O REGINA GONZALEZ
5701 NW 54TH TERRACE
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

C/O REGINA GONZALEZ
5701 NW 54TH LANE
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 59-2255527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALOCCO, JOSEPH M
7500 N.W. 5TH ST.
54 LANE
FT. LAUDERDALE, FL 33319 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: P () Delete
Name: TERIASZWILI, PAM
Address: 5700 NW 54 TERRACE
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: MCGHEE, PAT,
Address: 5710 NW 54TH LANE
City-St-Zip: TAMARAC, FL

Title: DS () Delete
Name: AJODHA, BETTY
Address: 5720 NW 54 TERRACE
City-St-Zip: TAMARAC, FL 33319

Title: T () Delete
Name: GONZALEZ, REGINA
Address: 5701 NW 54TH TERRACE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REGINA GONZALEZ

T

04/28/2005

Electronic Signature of Signing Officer or Director

Date