

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90194 043 \*\*\*\*61.25

<b>DOCUMENT # 768283</b> 1. Entity Name <b>WOODLAKE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>ADVANCED MANAGEMENT, INC.</b> <b>899 WOODBRIDGE DRIVE</b> <b>VENICE, FL 34293</b>			Mailing Address <b>ADVANCED MANAGEMENT, INC.</b> <b>899 WOODBRIDGE DRIVE</b> <b>VENICE, FL 34293</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2311550</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ADVANCED MANAGEMENT, I.C.</b> <b>ADVANCED MANAGMENT, INC.</b> <b>899 WOODBRIDGE DRIVE</b> <b>VENICE, FL 34293</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	PD - Shannon Staub	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULE, LYLE		NAME	899 Woodbridge Dr.	
STREET ADDRESS	2010 LONG POINT CIRCLE		STREET ADDRESS	Venice FL 34293	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VPD - John Zitnyar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, RALPH		NAME	899 Woodbridge Dr.	
STREET ADDRESS	2050 OAKRIDGE CIRCLE		STREET ADDRESS	Venice FL 34293	
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD - Marcia Shorey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELSON, WALLACE		NAME	899 Woodbridge Dr.	
STREET ADDRESS	899 WOODBRIDGE DR.		STREET ADDRESS	Venice FL 34293	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD - Lucille Oskutis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURNOYER, ROGER		NAME	899 Woodbridge Dr.	
STREET ADDRESS	899 WOODBRIDGE DR.		STREET ADDRESS	Venice FL 34293	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D - Don Taylor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWTON, FRANK		NAME	899 Woodbridge Dr.	
STREET ADDRESS	899 WOODBRIDGE DR.		STREET ADDRESS	Venice FL 34293	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Lucille Oskutis</i> <b>Lucille Oskutis</b> <b>4/14/05</b> <b>941-493-0287</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					