

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90348 050 ****61.25

DOCUMENT # 768283

1. Entity Name
WOODLAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE, FL 34293

Mailing Address

ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE, FL 34293



04072006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2311550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT, I C.
ADVANCED MANAGMENT, INC.
899 WOODBRIDGE DRIVE
VENICE, FL 34293

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STAUB, SHANNON
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE VD
NAME ZITNYAR, JOHN
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE SD
NAME SHOREY, MARCIA
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE TD
NAME OSKUTIS, LUCILLE
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE D
NAME TAYLOR, DON
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

Daytime Phone # _____