# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2006**
**Secretary of State**

DOCUMENT# N02000000655

**Entity Name:** WOODLANDS ELEMENTARY PARENT TEACHER ASSOCIATION, INC.

**Current Principal Place of Business:**

1420 E.E. WILLIAMSON ROAD
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1420 E.E. WILLIAMSON ROAD
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number: 51-0176364** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHIGHAM, FRANK C
200 W. FIRST STREET
SANFORD, FL 32771 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: DONOVAN, TEENA
Address: 219 SHERIDAN AVE.
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete
Name: BENDER, SUSAN
Address: 132 EASTERN FORK
City-St-Zip: LONGWOOD, FL 32750

Title: 2VD ( ) Delete
Name: SLAVKIN, RACHEL
Address: 684 RIVERCREST LANE
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete
Name: WARD, CARMEN
Address: 507 ESTATES PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: CS ( ) Delete
Name: ANDERSON, GAYLE
Address: 1658 WINDY BLUFF POINT
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete
Name: TRAD, SONIA
Address: 110 STONEY RIDGE CT.
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: GEESAMAN, CARROLL
Address: 1578 GRACE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change ( ) Addition
Name: SLAVKIN, RACHEL
Address: 684 RIVERCREST LANE
City-St-Zip: LONGWOOD, FL 32779

Title: 2VP (X) Change ( ) Addition
Name: SHILSON, KELLY
Address: 224 SLADE DRIVE
City-St-Zip: LONGWOOD, FL 32750

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 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: SONIA TRAD TD 04/30/2006

Electronic Signature of Signing Officer or Director — Date