

AMENDED
2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

06-02-2006 90002 014 *****61.25
 N04000009323

FILED

06 MAY 30 PM 3: 38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
50020363

DOCUMENT # N04000009323 1. Entity Name WOODLAND LAKES PRESERVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751			Mailing Address 620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751		
2. Principal Place of Business Community Management Prof. Suite, Apt. #, etc. Suite 450 - 5401 S. Kirkman Rd. City & State Orlando FL Zip 32819		3. Mailing Address Community Management Prof. Suite, Apt. #, etc. Suite 450 - 5401 S. Kirkman Rd. City & State Orlando FL Zip 32819		4. FEI Number 02202006 Chg.-NP APPLIED FOR ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 255 SOUTHORANGE AVE STE 1700 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Community Management Professionals Street Address (P.O. Box Number is Not Acceptable) 5401 S. Kirkman Rd. Ste. 450 City Orlando FL Zip Code 32819				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 Joe Carpenter, Pres. DATE 4-20-06 (Signature, typed or printed name of registered agent and is not applicable) (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROSEN, ROBERT T 620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCNEUGHT, MARY JANE 620 NORTH WYMORE RD. STE 240 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KAUFMANN, LARRY 620 NORTH WYMORE ROAD STE 240 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
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] DATE: 5/1/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					