

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

08 MAY 23 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282008 REIN-NP CR2E099 (1/07)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # N05000004330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                     |
| 1. Entity Name<br>WOODLANDS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                     |
| Principal Place of Business<br>7071 WEST COMMERCIAL BLVD<br>SUITE 2B<br>TAMARAC, FL 33319                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                | Mailing Address<br>7071 WEST COMMERCIAL BLVD<br>SUITE 2B<br>TAMARAC, FL 33319                                                                                                                                    |                                                                                                                                                     |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                | 3. Mailing Address<br><i>Sun Rae Management</i>                                                                                                                                                                  |                                                                                                                                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                | Suite, Apt. #, etc.<br><i>6915 TAFT ST</i>                                                                                                                                                                       |                                                                                                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                | City & State<br><i>HOLLYWOOD FL</i>                                                                                                                                                                              |                                                                                                                                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                        | Zip                                                                                                                                                                                                              | Country                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                | <i>33024</i>                                                                                                                                                                                                     |                                                                                                                                                     |
| 4. FEI Number<br>20-4235824                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                | Applied For<br>Not Applicable                                                                                                                                                                                    |                                                                                                                                                     |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                | \$8.75 Additional Fee Required                                                                                                                                                                                   |                                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br>BUSCH, KAREN LCAM<br>7071 WEST COMMERCIAL BLVD<br>SUITE 2B<br>TAMARAC, FL 33319                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                | 7. Name and Address of New Registered Agent<br>Name <i>Sun Rae Management</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>6915 TAFT STREET</i><br>City <i>HOLLYWOOD</i> FL Zip Code <i>33024</i> |                                                                                                                                                     |
| 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 <i>J. Goldberg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                | DATE <i>4/28/08</i>                                                                                                                                                                                              |                                                                                                                                                     |
| FILE NOW!!! FEE IS \$122.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                     |                                                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                            |                                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>BRIELE, ROBERT T<br>7975 NW 154 STREET STE 400<br>MIAMI LAKES, FL 33016 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | PD<br>MARSHALL ALISON<br>4515 WOODLAND Circle,<br>TAMARAC, FL 33319 <input type="checkbox"/> Change... <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DV<br>MIJARES-PILA, LORRAINE<br>7975 NW 154 STREET STE 400<br>MIAMI LAKES, FL 33016 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | VPD<br>NOTARIANNI ROBERT<br>4503 WOODLAND Circle<br>TAMARAC, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DST<br>LAM, YOLANDA<br>7975 NW 154 STREET STE 400<br>MIAMI LAKES, FL 33016 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | S.T.D<br>JIMENEZ, CALEB<br>4401 WOODLAND Circle,<br>TAMARAC FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | 100130897751<br>06/05/08--01013--002 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | 07-08 <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                     |
| Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                     |

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**Woodlands  
Townhomes  
c/o Sunrae  
Management  
6915 Taft Street  
Hollywood, FL 33024  
954-983-9076**

# Memo

**To:** Florida Dept of State                      ATTN: Michelle Milligan  
**From:** Jacquelin Carter  
**Date:** April 28th, 2008  
**Re:** Renewal of Corp doc N05000004330

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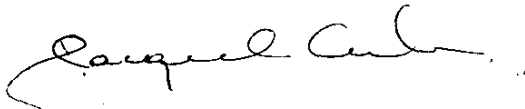
Ms. Milligan:

As per our telephone conversation, please find the form for the renewal of Corporation DOC# N05000004330 for Woodland Townhomes HOA.

We did send in check # 1018 for \$61.25 for 2007 and this check has cleared our bank account.

Thanking you for your kind assistance in getting this matter resolved.

Regards,



Jacquelin Carter

For The Board of Directors

Woodlands Townhomes