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

## FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90435 016 \*\*\*\*61.25

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## **DOCUMENT # N05000012027**

1. Enity Name
WOODLAND LAKES PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3525 WEST LAKE MARY BOULEVARD Mailing Address 3525 WEST LAKE MARY BOULEVARD

SUITE 306 SUITE 306 LAKE MARY, FL 32746-3461 LAKE MARY, FL 32746-3461								II) (  11)	
Suite, Apt. #, etc. St		Mailing Address	Suite, Apt. #. etc.						
		Suite, Apt, #, etc.			03202006 Chg-NP CR2E037 (11/05)				
		City & State			4. FEI Number - 382/, 400   Applied For Inot Applied For				
Zip Country Zip			Country	Country 5. Certificate of Status Desired			ditional		
<u> </u>	6. Name and Address of Current Rogin	<u>'</u>	7. Name and Address of New Registered Agent						
			Name	-					
C. WILLIAM HARKINS 3525 WEST LAKE MARY BOULEVARD SUITE 308			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
LAKE MARY, FL 32746-3461									
			City			FL	ip Cod	0	
<del></del>	Signature, hood or prived name of requirered agains and the Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Ca	P. Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees Added to Fees Added to Fees Added to Fees				
10.	OFFICERS AND DIRECT	DRS	11.	ADDITIONS/CHANGES	TO OFFICE	FRS AND DIRECTO	ORSIN	110	
TITLE	PTD	D Deleto	IIITE	ADDITIONS OF IT TO CO.			hange	Addition	
NAME STREET ADDRESS	C. WILLIAM HARKINS 3525 WEST LAKE MARY BLVD. #300	i	NAME STREET ADDRESS						
CITY-\$1-ZIP	LAKE MARY, FL 327463461		CHY-SI-ZP						
TITLE	SD HARKINS, MATT	Delete	TITLE			□.0	Juange	Addition	
STREET ADDRESS	3525 WEST LAKE MARY BLVD. #306	ì	STREET ADDRESS						
CITY-SI-ZIP	LAKE MARY, FL 327463461		CITY-SI-ZIP						
TITLE	VD	D Deteta	IITLE				hange	Addition	
NUME	VINACKE, AL	_	NAME	•					
STREET ADDRESS CITY-ST-ZIP	3525 WEST LAKE MARY BLVD. #306 LAKE MARY, FL 327463461	5	STREET ADDRESS CITY+S1-ZIP						
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NAME	}	_ ~~~	HAME						
STREET ADORESS			STREET ADDRESS						
CITY-SI-ZIP	1		CITY-SI-DP						

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 charged, or on an attachment with an address, with all other like empowered. 407

CITY-ST-ZIP

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NAME STREET ADDRESS

SIGNATURE: L

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTED HAME OF SIGNE

☐ Delete

323-9310

☐ Change ☐ Addition