

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90027 013 ****61.25



DOCUMENT # N07944
1. Entity Name
WOODLANDS ASSOCIATION, INC.

Principal Place of Business: 51 FOREST LANE, EUSTIS FL 32726
Mailing Address: 51 FOREST LANE, EUSTIS FL 32726



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number: **59-2937905** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TRASK, ALTA C.
18 FOREST LN
EUSTIS FL 32726**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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: D NAME: LENINGTON, WARREN STREET ADDRESS: 13 FOREST LN CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: CHARLES SHEPPARD STREET ADDRESS: 4 FOREST LANE CITY-ST-ZIP: EUSTIS, FL. 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BLYE, MARLENE STREET ADDRESS: 37 FOREST LN CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: JOEL KELLY STREET ADDRESS: 43 FOREST LN. CITY-ST-ZIP: EUSTIS, FL. 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHELTON, GREGORY STREET ADDRESS: 26 FOREST LN CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: RICK RICHERT STREET ADDRESS: 25 FOREST LN. CITY-ST-ZIP: EUSTIS, FL. 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: TRASK, ALTA STREET ADDRESS: 18 FOREST LANE CITY-ST-ZIP: EUSTIS FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PEDUTO, PAT STREET ADDRESS: 47 FOREST LANE CITY-ST-ZIP: EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: JOHN ROBERTS STREET ADDRESS: 1 FOREST LANE CITY-ST-ZIP: EUSTIS, FL. 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alta C. Trask ALTA C. TRASK Date: 1-18-05 Daytime Phone #: 352 357 7953