2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10248

Apr 25, 2006 Secretary of State

Entity Name: WOODMERE LAKE CLUB ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5660 WOODMERE LAKE CIR. NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

PO BOX 10369

NAPLES, FL 34101 US

FEI Number: 59-2562550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, STEPHEN P. COLLÍER FINANACIAL INC. 4985 E TAMIAMI TRAIL NAPLES, FL 34113 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WALLACE, CECIL HARE, RUTH Name: Name:

5646 WOODMERE LAKE CR C-104 Address: 5642 WOODMERE LAKE CR C-102 Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: Title: () Delete () Change () Addition

O'BRIEN, RICK Name: Name: Address: 5754 WOODMERE LAKE CR G-202 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BOYCE, MARIAN Name: ERICKSON, CHARLES Name: 5754 WOODMERE LAKE CR H-103 5654 WOODMERE LAKE CR C203 Address:

Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

(X) Change () Addition Title: VD () Delete Title: VD Name: SARNO, HARRY Name: KENDRICK, JIM 80600 32BD AVE 5746 WOODMERE LAKE CR G204 Address: Address: City-St-Zip: COVERT, MI 49043 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition DUGAN, PAT SARNO, HARRY Name: Name:

12990 W BLUEMONT 5650 WOODMERE LAKE CR C201 Address: Address:

ELM GROVE, WI 53112 City-St-Zip: City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: () Change () Addition

GAYITT, EDWARD Name: Name: Address: 5786 WOODMERE LAKE CR I-204 Address: NAPLES, FL 34112 City-St-Zip: 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: RUTH HARE PD 04/25/2006