

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10250

FILED
Mar 07, 2006
Secretary of State

Entity Name: WOODLAND TERRACE AT COUNTRY CREEK, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2699196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: GREENSPAN, CARYN
Address: 1175 WOODLAKE TERR TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPTD () Delete
Name: KING, JANE
Address: 1180 WOODLAND TERR TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: HOFFELDER, ERIC
Address: 705 PINE TERRACE CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WHITESIDE, JUDY
Address: 1161 WOODLAND TERRACE TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: ALEXANDER, ALISA
Address: 1183 WOODLAND TERRACE TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: COLLINS, RON
Address: 1157 WOODLAND TERRACE TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: SUTHERLIN, MIKE
Address: 1174 WOODLAND TERRACE TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CARYN GREENSPAN

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date