2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12358

FILED Apr 14, 2005 Secretary of State

Entity Name: WOODGATE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/O CDS MANAGEMENT 300 S. PINE ISLAND RD #223 PLANTATION, FL 33324 US				A & M PARTNERS, INC. 3475 N. HIATUS RD. SUNRISE, FL 33351 US			
Current Mailing Address:				New Mailing Address:			
C/O CDS MANAGEMENT P O BOX 17524 PLANTATION, FL 333187524 US				A & M PARTNERS., INC. 3475 N. HIATUS RD. SUNRISE, FL 33351 US			
FEI Number:	59-2614227	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate	of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Regis	tered Agent:
300 SOUTH STE 223 PLANTATIO	H PINE ISLANI ON, FL 33324	US		WALDRON 3475 N. HIA SUNRISE,	ÁTUS RD. FL 33351	US	
The above in the State		ubmits this statement for the	purpose o	of changing it	ts registered	office or reg	istered agent, or both,
SIGNATURE: ANNE M. WALDRON						04/	14/2005
	Electron	c Signature of Registered Ag	ent			Da	ate
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGE	S TO OFFIC	ERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () STANLEY, JAN 662 WOODGAT SUNRISE, FL 3			Title: Name: Address: City-St-Zip:	()Change()	Addition
Title: Name: Address: City-St-Zip:	D () GILBERT, HOW 647 WOODGAT SUNRISE, FL 3	E LN		Title: Name: Address: City-St-Zip:	VP (RIVERO, AM/ 660 WOODG SUNRISE, FL	ATE CIRCLE	Addition
Title: Name: Address: City-St-Zip:	D () HINDS, BRAD 653 WOODGAT SUNRISE, FL 3			Title: Name: Address: City-St-Zip:	TD (CASSERLY, I 651 WOODG SUNRISE, FL	ATE CIRCLE	Addition
Title: Name: Address: City-St-Zip:	T () BRAUNFIELD, N 640 WOODGAT SUNRISE, FL 3	E CIRCLE		Title: Name: Address: City-St-Zip:	SD (DUNGAN, CA 671 WOODG SUNRISE, FL	ATE CIRCLE	Addition
Title: Name: Address: City-St-Zip:	V (X) RIVERO, AMADA 660 WOODGAT SUNRISE, FL 3	E CIRCLE		Title: Name: Address: City-St-Zip:	()Change()	Addition
Title: Name: Address: City-St-Zip:	S (X) HIMICK, ROSEN 630 WOODGAT FORT LAUDERI	E CIRCLE		Title: Name: Address: City-St-Zip:	() Change()	Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAN STANLEY PD 04/14/2005