## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12358

FILED Apr 13, 2006 Secretary of State

Entity Name: WOODGATE COMMUNITY ASSOCIATION, INC.

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

A & M PARTNERS, INC. 3475 N. HIATUS RD. SUNRISE, FL 33351 US

Current Mailing Address: New Mailing Address:

A & M PARTNERS., INC. 3475 N. HIATUS RD. SUNRISE, FL 33351 US

FEI Number: 59-2614227 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:

WALDRON, ANNE M
3475 N. HIATUS RD.
SUNRISE, FL 33351 US
WALDRON, ANNE MARIE
3475 NORTH HIATUS ROAD
SUNRISE, FL 33351 US
SUNRISE, FL 33351 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: ANNE MARIE WALDRON 04/13/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: STANLEY, JAN Name: STANLEY, JAN

Address: 662 WOODGATE CIRCLE Address: 3475 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33326 City-St-Zip: SUNRISE, FL 33351

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

 Name:
 RIVERO, AMADA
 Name:
 RIVERO, AMADA

 Address:
 660 WOODGATE CIRCLE
 Address:
 3475 NORTH HIATUS ROAD

City-St-Zip: SUNRISE, FL 33326 City-St-Zip: SUNRISE, FL 33351

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

 Name:
 CASSERLY, ELAINE

 Name:
 CASSERLY, ELAINE

Address: 651 WOODGATE CIRCLE Address: 3475 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33326 City-St-Zip: SUNRISE, FL 33351

Title: SD () Delete Title: SD (X) Change () Addition Name: DUNGAN, CARY Name: DUNGAN, CARY

Address: 671 WOODGATE CIRCLE Address: 3475 NORTH HIATUS ROAD City-St-Zip: SUNRISE, FL 33326 City-St-Zip: SUNRISE, FL 33351

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: ANNE MARIE WALDRON CAM 04/13/2006