

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12379

FILED
Apr 13, 2006
Secretary of State

Entity Name: WOODGATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O A & M PARTNERS, INC.
3475 NORTH HIATUS ROAD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

C/O A & M PARTNERS, INC.
3475 NORTH HIATUS ROAD
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 59-2614027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A & M PARTNERS, INC.
3475 NORTH HIATUS ROAD
SUNRISE, FL 33351 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: S () Delete
Name: DUGAN, CAREY
Address: 671 WOODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: P () Delete
Name: STANLEY, JAN
Address: 662 WOODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: V () Delete
Name: RIVERO, AMADA
Address: 660 WOODGATE CIR
City-St-Zip: SUNRISE, FL 33326

Title: T () Delete
Name: CASSERLY, ELAINE
Address: 651 WOODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: DUGAN, CARI
Address: 3475 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: P (X) Change () Addition
Name: STANLEY, JAN
Address: 3475 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: V (X) Change () Addition
Name: RIVERO, AMADA
Address: 3475 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: T (X) Change () Addition
Name: CASSERLY, ELAINE
Address: 3475 NORTH HIATUS ROAD
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

Electronic Signature of Signing Officer or Director

_____ Date