2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 21, 2006 DOCUMENT# N17748 Secretary of State

Entity Name: WOODFIELD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: INTEGRITY ASSOCIATION MANAGEMENT, INC. 701 ENTERPRISE ROAD EAST, SUITE 704 SAFETY HARBOR, FL 34695 **New Mailing Address: Current Mailing Address:** INTEGRITY ASSOCIATION MANAGEMENT, INC. 701 ENTERPRISE ROAD EAST, SUITE 704 SAFETY HARBOR, FL 34695 FEI Number: 59-2791119 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: CIANFRONE, JOSEPH R PA 1964 BAYSHORE BLVD DUNEDIN, FL 34698 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 () Change () Addition DRAY, ROERT A Name: Name: 344 HEDGEROW LANE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition THOMAS, JAMES Name: THOMAS, JAMES ESQ Name: Address: 724 CRESTRIDGE DRIVE Address: 2759 SR 580, SUITE 213 City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: CLEARWATER, FL 33761 Title: () Delete Title: () Change () Addition BEBELL, COLLEEN Name: Name: 791 CHERRYBROOKE COURT Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: KUKULSKI, KATHY Name: 732 CRESTRIDGE DRIVE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: Title: () Delete Title: () Change () Addition SCALIA, GLENN Name: Name: 345 WATERFORD CIRCLE EAST Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 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: ROBERT A DRAY Ρ 06/21/2006