

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90044 005 ****61.25

DOCUMENT # N49251 1. Entity Name WOODLAND TRAILS AT CALUSA LAKES NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 899 WOODBRIDGE DRIVE VENICE, FL 34293 US		Mailing Address 899 WOODBRIDGE DRIVE VENICE, FL 34293 US		90034746 	
2. Principal Place of Business		3. Mailing Address		04042005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0394556	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLASS, JESSICA AMI 899 WOODBRIDGE DR VENICE, FL 34293				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	TD KONZELMAN, LEE <input checked="" type="checkbox"/> Delete STREET ADDRESS 899 WOODBRIDGE DRIVE CITY-ST-ZIP VENICE, FL 34293	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete BEESLEY, LESTER STREET ADDRESS 899 WOODBRIDGE DRIVE CITY-ST-ZIP VENICE, FL 34293	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	SD		
STREET ADDRESS		STREET ADDRESS	BEESLEY, LESTER		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete SZELPAL, ANTHONY STREET ADDRESS 899 WOODBRIDGE DRIVE CITY-ST-ZIP VENICE, FL 34293	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	PD		
STREET ADDRESS		STREET ADDRESS	GLAZE, HARRY		
CITY-ST-ZIP		CITY-ST-ZIP	899 WOODBRIDGE DR VENICE, FL 34293		
TITLE	SD <input checked="" type="checkbox"/> Delete NEWMAN, JOAN STREET ADDRESS 899 WOODBRIDGE DR CITY-ST-ZIP VENICE, FL 34293	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	VPD		
STREET ADDRESS		STREET ADDRESS	BOKENKAMP, HARRY		
CITY-ST-ZIP		CITY-ST-ZIP	899 WOODBRIDGE DR VENICE, FL 34293		
TITLE	PD <input checked="" type="checkbox"/> Delete SCHOTT, JOE STREET ADDRESS 899 WOODBRIDGE DR CITY-ST-ZIP VENICE, FL 34293	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	TD		
STREET ADDRESS		STREET ADDRESS	WITKE, JOHN		
CITY-ST-ZIP		CITY-ST-ZIP	899 WOODBRIDGE DR VENICE, FL 34293		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Witke</i> <i>Treasurer John Witke</i> 4-11-05 941-490-0287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					