


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90037 003 ****61.25

DOCUMENT # N50324 1. Entity Name THE WOODLANDS AT CAROLINA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7071 WEST COMMERCIAL BLVD 2B TAMARAC, FL 33319 US			Mailing Address 7071 WEST COMMERCIAL BLVD 2B TAMARAC, FL 33319 US		
2. Principal Place of Business - No P.O. Box # <i>c/o Integrity Property Mgt</i> Suite, Apt. #, etc.: <i>N/A</i>			3. Mailing Address <i>953 University Dr</i> Suite, Apt. #, etc.: <i>N/A</i>		
City & State <i>Coral Springs FL</i>			City & State <i>Coral Springs FL</i>		
Zip <i>33071</i>		Country <i>USA</i>		4. FEI Number 65-0354970	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUSCH, KAREN 7071 WEST COMMERCIAL BLVD 2B TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name <i>Cynthia Whittle</i> Street Address (P.O. Box Number is Not Acceptable) <i>c/o Integrity Property Mgt</i> <i>953 University Drive</i> City <i>Coral Springs</i> FL Zip Code <i>33071</i>		
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 <i>Cynthia Whittle</i> DATE <i>2/28/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX <i>Treasurer</i> PITTERSON, JANET 3060 BAYBERRY WAY MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X <i>Secretary</i> PERRY, ALEXANDER 6812 DOGWOOD LANE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, TRUDY 3138 BAYBERRY WAY MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hilton Goss 3109 Bayberry Way Margate, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORO, JAMIE 3107 DOGWOOD LANE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX <i>Vice President</i> EVANS, TRUDY 3138 BAYBERRY WAY MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X <i>President</i> CAMPBELL, JEFF 3049 WOODLANDS DR POMPANO BEACH, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/28/07</i> Daytime Phone # <i>954 346-0677</i>		

40020474



02262007 Chg-NP CR2E037 (12/06)