


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90402 034 \*\*\*\*61.25

**DOCUMENT # 743087**

1. Entity Name  
**WOODSTOCK PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2328 S. CONGRESS AVE**  
**SUITE 1C**  
**WEST PALM BEACH, FL 33406 US**

Mailing Address  
**2328 S. CONGRESS AVE**  
**SUITE 1C**  
**WEST PALM BEACH, FL 33406 US**

**50008191**



2. Principal Place of Business  
**11900 SE Federal Highway**

3. Mailing Address  
**11900 SE Federal Highway**

Suite, Apt. #, etc.  
**Suite 212**

Suite, Apt. #, etc.  
**Suite 212**

02072006 Chg-NP CR2E037 (11/05)

City & State  
**Hobe Sound, FL**

City & State  
**Hobe Sound, FL**

Zip  
**33455**

Country  
**USA**

Zip  
**33455**

Country  
**USA**

4. FEI Number  
**59-2002434**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILLEY & WYANT-CORTEZ, P.A.**  
**860 US HIGHWAY ONE**  
**SUITE 108**  
**NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name **Melissa Collett**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O East Coast Property Mgmt.**

**11900 SE Federal Highway, Suite 212**

City **Hobe Sound** FL Zip Code **33455**

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 *Melissa D. Collett* **Melissa D. Collett** **PROPERTY MANAGER** **2/23/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, CYNTHIA 1761 N CONGRESS AVE WEST PALMB EACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSETT, ANDREA 1813 N CONGRESS AVE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIREY, DIANE 1755 N CONGRESS AVE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDMUNDS, TRICIA 1717 N CONGRESS AVE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Khia Miller 1793 N. Congress Avenue West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kathy Harvey Knowles 1737 N. Congress Ave. West Palm Bch., FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lanita Singleton 1789 N. Congress Avenue West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Wilson 1769 N. Congress Avenue West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linnell Thomas 1378 9th ct. West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *James A. Hill* **3/13/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #