
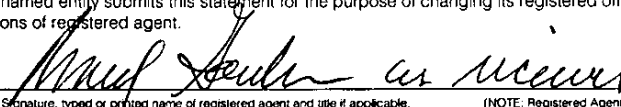
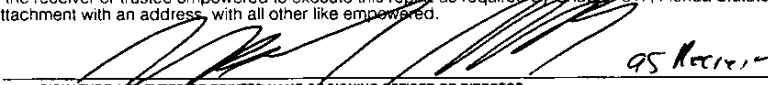


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90028 034 ****61.25

DOCUMENT # 743087			
1. Entity Name WOODSTOCK PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 2328 S CONGRESS AVE STE 2A SUITE 2A W PALM BEACH, FL 33406		Mailing Address 2328 S CONGRESS AVE STE 2A SUITE 2A W PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8211 W. BROWARD BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PH1	
City & State		City & State PLANTATION FL	
Zip	Country	Zip	Country
33324		33324	
4. FEI Number 59-2002434		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILLEY & WYANT-CORTEZ, P.A. 860 US HWY 1 STE 408 N PALM BEACH, FL 33408		Name RON GOLDMAN CPA AS receiver	
		Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD., PH1	
		City PLANTATION FL Zip Code 33324	
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	
Filing Fee is \$61.25 Due by May 1, 2008		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	VPD- <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KHIA	NAME	RON GOLDMAN CPA AS receiver
STREET ADDRESS	2328 S CONGRESS AVE, SUITE 2A	STREET ADDRESS	8211 W. BROWARD BLVD., PH1
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, KATHY H	NAME	MICHAEL MARCUSKY AS receiver
STREET ADDRESS	2328 S CONGRESS AVE, SUITE 2A	STREET ADDRESS	8211 W. BROWARD BLVD. PH1
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES	NAME	
STREET ADDRESS	2328 S CONGRESS AVE, SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, JEREMY	NAME	
STREET ADDRESS	2328 S CONGRESS AVE, SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLIVIE, DUEN-NEE	NAME	
STREET ADDRESS	2328 S CONGRESS AVE, SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
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 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: 		Date 954-577-9700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40040000

