2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90063 045 ****70.00

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1. Entity Name
WELLS RIDGE/WOODSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1732 KINGSLEY AVE., SUITE 202 ORANGE PARK, FL 32073 US	1732 KINGSLEY AVE., SUITE 202 ORANGE PARK, FL 32073 US

01212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065	City & State Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065
Zip / Country	Zip / Country

4. FEI Number 59-2373023 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, ALAN 1732 KINGSLEY AVE. STE. 202 ORANGE PARK, FL 32073	Name Street Address (P.O. Box N... Alan Perry 786 Blanding Blvd. #118 Orange Park, FL 32065 City **FL** Zip Code

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 _____ ALAN PERRY 29 MARCH
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COOPERMAN, MARY 85 DEBARY AVE #2073 ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BURSON, MIKE 85 DEBARRY AVE #1064 ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHOCK, LOWELL 85 DEBARRY AVE. ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLEARY, STEVE 85 DEBARRY AVE #2062 ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZZA, ALANA 85 DEBARRY AVE #3046 ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Steven M. O'Leary 29 MAR 05 904-298-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #