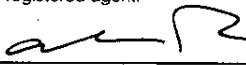
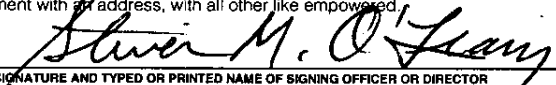


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90063 045 ****70.00

DOCUMENT # 766494 1. Entity Name WELLS RIDGE/WOODSIDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1732 KINGSLEY AVE., SUITE 202 ORANGE PARK, FL 32073 US			Mailing Address 1732 KINGSLEY AVE., SUITE 202 ORANGE PARK, FL 32073 US		
2. Principal Place of Business Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065		3. Mailing Address Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065			
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 59-2373023	
Zip 32073		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVE. STE. 202 ORANGE PARK, FL 32073				7. Name and Address of New Proposed Agent Name Street Address (P.O. Box #) City State 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 MAR 05 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:  29 MAR 05 904-298-2321 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					