

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90045 029 ****70.00

DOCUMENT # 766494 1. Entity Name WELLS RIDGE/WOODSIDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #118 ORANGE PARK, FL 32065 US			Mailing Address PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #118 ORANGE PARK, FL 32065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2373023	
				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 786 BLANDING BLVD #118 STE 202 - e ORANGE PARK, FL 32065			Name Street Address (P.O. Box Number is Not Acceptable) 786 Blanding Blvd #118 City Orange Park FL 32065		
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 <u><i>Alan Perry</i></u> 2/16/06 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COOPERMAN, MARY		NAME		
STREET ADDRESS	85 DEBARY AVE #2073		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BURSON, MIKE		NAME		
STREET ADDRESS	85 DEBARRY AVE #1064		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	OLEARY, STEVE		NAME		
STREET ADDRESS	85 DEBARRY AVE #2062		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	BUZZA, ALANA		NAME		
STREET ADDRESS	85 DEBARRY AVE #3046		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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: <u><i>Steve M. O'Leary</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/8/06 9042153516 Date Daytime Phone #		