

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 046 ****70.00

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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**

50000279



01242008 Chg-NP CR2E037 (12/06)

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

**PERRY, ALAN
786 BLANDING BLVD #118
ORANGE PARK, FL 32065**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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

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, 2008**

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	VD COOPERMAN, MARY 85 DEBARRY AVE #2073 ORANGE PARK, FL 32073	☐ Delete
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	PD OLEARY, STEVE 85 DEBARRY AVE #2062 ORANGE PARK, FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUZZA, ALANA 85 DEBARRY AVE #3046 ORANGE PARK, FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, REVE 2052 WAX MYRTLE CT ORANGE PARK, FL 32073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 85 Debarry Ave #2073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Rene 2052 Wax myrtle ct.
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #