2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 766494

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

Current Principal Place of Business:

PROFESSIONAL COMMUNITY MGT, INC
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

PROFESSIONAL COMMUNITY MGT, INC
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-2373023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: COOPERMAN, MARY
Address: 85 DEBARRY AVE #2073
City-St-Zip: ORANGE PARK, FL 32073

Title: DT ( ) Delete
Name: BURSON, MIKE
Address: 85 DEBARRY AVE #1064
City-St-Zip: ORANGE PARK, FL 32073

Title: PD ( ) Delete
Name: OLEARY, STEVE
Address: 85 DEBARRY AVE #2062
City-St-Zip: ORANGE PARK, FL 32073

Title: DS ( ) Delete
Name: BUZZA, ALANA
Address: 85 DEBARRY AVE #3046
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: ATKINSON, RENE
Address: 2052 WAX MYRTLE CT.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN PERRY RA 03/10/2009
Electronic Signature of Signing Officer or Director Date