

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 07, 2004  
Secretary of State**

DOCUMENT# N01452

Entity Name: THE WOODS AT ANDERSON PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-2370079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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: PD ( ) Delete  
Name: MILLER, KATIE  
Address: 39650 US 19 NORTH #331  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete  
Name: MILANO, LEONARD  
Address: 39650 US 19 NORTH, #334  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: DURSO, BOB  
Address: 39650 US 19 NORTH #561  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD ( ) Delete  
Name: APPLEWHITE, CHES  
Address: 39650 US 19 NORTH #561  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD ( ) Delete  
Name: CLARK, PAULINE  
Address: 39650 US 19 NORTH #335  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: WILLIAMS, SYLVESTER  
Address: 39650 US 19 NORTH, #551  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change ( ) Addition  
Name: ISAAC, SYLVIA  
Address: 39650 US 19 NORTH #723  
City-St-Zip: TARPON SPRINGS, FL 34689

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 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 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: KATIE MILLER

PD

04/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date