

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01452

FILED
Mar 28, 2007
Secretary of State

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: TD () Delete
Name: MCBRIDE, JIM
Address: 39650 US 19 NORTH #531
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD () Delete
Name: WILLIAMS, SYLVESTER
Address: 39650 US 19 NORTH, #551
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

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

Title: D (X) Change () Addition
Name: FICKLEY, KATHY
Address: 39650 US 19 NORTH #734
City-St-Zip: TARPON SPRINGS, FL 34689

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 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: SYLVESTER WILLIAMS

PD

03/28/2007

Electronic Signature of Signing Officer or Director

Date