2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam	MENT # N05838 WOODS PROPERTY OW	NERS ASSOCIATIO	ν,		04-29-2005	90274 019 ****70.	.00
Principal Plac 300 AVE OF PALM BEACH		Mailing Address 300 AVE OF CHAMPIO PALM BEACH GARDEN	NS S, FL 33418 U	s IIII	1	2010532 Minimum	KIIDI DI ITDI
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05 Chg-NP	CR2E037 (10/03)	
City & Stat	е	City & State		4. FEI Nu 59-2	mber 491953	<i>- - - - - - - - - -</i>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New	Registered Agent	
	SUSAN M. DF CHAMPIONS ACH GARDENS, FL 33418		Name Street A	ddress (P.O. Box Nu	mber is Not Acceptab	le)	
			City			FL Zip Cod	le
SIGNATURE .							
. ,	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered Agent signat	ure required when reinstating)	DATE	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca	TE: Registered Agent signat mpaign Financing Contribution,	\$5.00 M. Added to F	av Be	DATE Make check payable to brida Department of Signature.	
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign Financing	\$5.00 M. Added to F	ay Be Flo	Make check payable t	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	mpaign Financing Contribution.	S5.00 M. Added to F	ay Be Flo	Make check payable to orida Department of S	tate
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI D STAHURA, STANLEY 300 AVE OF THE CHAMPIONS	9. Election Ca Trust Fund RECTORS Delete	mpaign Financing Contribution. 11. TITLE P NAME STREET ADDRESS	S5.00 M. Added to F ADDITIONS, Ellen C	ay Be ees Flo	Make check payable to orida Department of Si ERS AND DIRECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: