


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

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90101 014 \*\*\*\*61.25

**DOCUMENT # N09030**

1. Entity Name  
**WOODSHIRE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 187 FOREST LAKES BLVD  
 NAPLES, FL 34105

Mailing Address  
 187 FOREST LAKES BLVD  
 NAPLES, FL 34105

44033487



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04042004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**59-2519162**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRACEY, ROBERT T  
 187 FOREST LAKES BLVD  
 NAPLES, FL 34105

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

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	TD	<input type="checkbox"/> Delete
NAME	COFFIN, LEONARD	
STREET ADDRESS	112 WOODSHIRE LN.	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEDENSTROM, JACK	
STREET ADDRESS	207 WOODSHIRE LANE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GRACEY, ROBERT	
STREET ADDRESS	184 FOREST LAKES BLVD	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, MARYANN	
STREET ADDRESS	201 WOODSHIRE LANE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, JUNE	
STREET ADDRESS	213 WOODSHIRE LANE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIVITO, VINCENT	
STREET ADDRESS	101 WOODSHIRE LANE	
CITY-ST-ZIP	NAPLES, FL 34105	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Robert T. Gracey **Date:** 2/29/04 **Daytime Phone #:** 239-649-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR