


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90347 005 \*\*\*\*61.25

<b>DOCUMENT # N09030</b>			
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	
2. Principal Place of Business c/o Sandcastle Community Mgmt. 1719 Trade Center Way Suite # 4 Naples, FL 34109 USA		3. Mailing Address c/o Sandcastle Community Mgmt. 1719 Trade Center Way Suite # 4 Naples, FL 34109 USA	
4. FEI Number 59-2519162		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-NP CR2E037 (11/05)	
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: Brad Thomas Street Address (P.O. Box Number is Not Acceptable): c/o Sandcastle Community Mgmt. 1719 Trade Center Way #4 City: Naples FL Zip Code: 34109	
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: <u>Brad Thomas</u>		DATE: <u>04-12-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COFFIN, LEONARD 112 WOODSHIRE LN. NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDENSTROM, JACK 207 WOODSHIRE LANE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GRACEY, ROBERT 184 FOREST LAKES BLVD NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VSD Nancy Ginter 108 Woodshire Lane Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RIBES, JOHN 218 WOODSHIRE LN NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, JUNE 213 WOODSHIRE LANE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVITO, VINCENT 101 WOODSHIRE LANE NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Susan Matthews 111 Woodshire Lane Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Nancy Ginter</u>		Date: <u>4-12-2006</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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