


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 007 ****61.25

DOCUMENT # N09030
 1. Entity Name
WOODSHIRE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O SANDCASTLE COMMUNITY MGMT
 1719 TRADE CENTER WAY
 NAPLES, FL 34109**

Mailing Address
**C/O SANDCASTLE COMMUNITY MGMT
 1719 TRADE CENTER WAY
 NAPLES, FL 34109**

40067820



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

02012008 Chg-NP CR2E037 (12/06)

City & State
 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
**THOMAS, BRAD
 C/O SANDCASTLE COMMUNITY MGMT
 1719 TRADE CENTER WAY #4
 NAPLES, FL 34109**

7. Name and Address of New Registered Agent
 Name
Di Lorez Azar
 Street Address (P.O. Box Number is Not Acceptable)
**410 Sandcastle Community Management
 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: 
 - Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reconstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

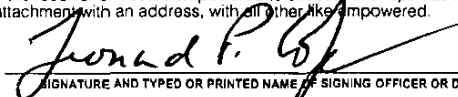
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3VD COFFIN, LEONARD 112 WOODSHIRE LN. NAPLES, FL 34105 <input type="checkbox"/> Delete |
| 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 | 2VSD GINTER, NANCY 108 WOODSHIRE LN NAPLES, FL 34105 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP RIBES, JOHN 218 WOODSHIRE LN NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILDEY, GEORGE 212 WOODSHIRE LANE NAPLES, FL 34105 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHRACCWICZ, ED 203 WOODSHIRE LANE NAPLES, FL 34105 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Shroer, Jerry 220 Woodshire Lane Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Coffin, Leonard 112 Woodshire LN NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Ginter, Nancy 108 Woodshire Lane Naples, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd VP O'Reilly 219 Woodshire Lane Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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:  **4/12/08** **239 434 0799**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #