## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09693

Entity Name: WOODSMERE ESTATES, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
980 BRIDL ROCKLED	E LN GE, FL 32955	US					
Current Mailing Address:				New Mailing Address:			
1694 CEDA ROCKLED	AR ST GE, FL 32955	US					
FEI Number:	59-2864284	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status E	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DRESSLER, JAMES R 110 DIXIE LANE COCOA BEACH, FL 32931 US				HUDSON, LYNN 3804 LA FLOR DRIVE ROCKLEDGE, FL 32955 US			
The above in the State		bmits this statement for the pu	irpose o	f changing it	s registered off	ice or registered ag	gent, or both,
SIGNATURE: LYNN HUDSON				04/13/2005			
	Electronic	Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES T	O OFFICERS ANI	DIRECTORS:
Title: Name: Address: City-St-Zip:	C () E DROPESKI, CYN 680 W EAUGALL MELBOURNE, FL	IE BLVD		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	COLUMBO, JOE	Delete ARLLIE BLVD STE . 32935		Title: Name: Address: City-St-Zip:	COLUMBO, JOE	LLIE BLVD SUITE 1	
Title: Name: Address: City-St-Zip:	D () E NUTTING, MR CH 719 E HIBISCUS MELBOURNE, FL	BLVD		Title: Name: Address: City-St-Zip:	T (X) O PRINGLE, J R 1182 POTOMAC MERRITT ISLANI		
Title: Name: Address: City-St-Zip:	D () E MARQUEZ, ADRI 100 SO SYKES C MERRITT ISLANI	CREEK PKWY		Title: Name: Address: City-St-Zip:	COLLINS, SUSAN 152 WINDWARD		
Title: Name: Address: City-St-Zip:	PD () E SCHWEINSBERG 850 BELHURST I ROCKLEDGE, FL	N		Title: Name: Address: City-St-Zip:	D (X) O LIABLE, JAMES O 3500 N. SYLVAN MELBOURNE, FL	LANE	
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	MYERS, JIM	Change (X) Addition  CAVE. SUITE 604 FL 32931	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN HUDSON VP/C 04/13/2005