

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90009 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000005630

1. Corporation Name
WOODSONG HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

Principal Place of Business
~~3160 MCMULLEN BOOTH ROAD~~
~~CLEARWATER FL 33761~~
 US

Mailing Address
3160 MCMULLEN BOOTH ROAD
CLEARWATER FL 33761
 US



21	2a	3
Principal Place of Business 3048 Woodsony Lane	Mailing Address 3048 Woodsony Lane	Date Incorporated or Qualified 11/04/1996
22	27	4
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FEI Number 59-3509009
23	28	5
City & State Clearwater, FL	City & State Clearwater, FL	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
Zip 33761	Zip 33761	Country USA
25	30	6
Country USA	Country USA	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGULLOUGH, JAMES B 3160 MCMULLEN BOOTH ROAD CLEARWATER FL 34621	81 Name JERRY H. GROSSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 3048 Woodsony Lane 83 84 City Clearwater FL 85 Zip Code 33761

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* T/D **JERRY H. GROSSMAN, T/D** DATE **7/17/99**

Signature, except if printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCGULLOUGH, JAMES B		1.2 NAME John Shelling	
STREET ADDRESS 3160 MCMULLEN BOOTH ROAD		1.3 STREET ADDRESS 3036 Woodsony Lane	
CITY-ST-ZIP CLEARWATER FL 33761		1.4 CITY-ST-ZIP Clearwater, FL 33761	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCGULLOUGH, MARLENE K		2.2 NAME Jerry Grossman	
STREET ADDRESS 3160 MCMULLEN BOOTH ROAD		2.3 STREET ADDRESS 3048 Woodsony Lane	
CITY-ST-ZIP CLEARWATER FL 33761		2.4 CITY-ST-ZIP Clearwater, FL 33761	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SADORE, RICK W		3.2 NAME TERRANCE POWERS	
STREET ADDRESS 3160 MCMULLEN BOOTH ROAD		3.3 STREET ADDRESS 3036 Woodsony Lane	
CITY-ST-ZIP CLEARWATER FL 33761		3.4 CITY-ST-ZIP Clearwater, FL 33761	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Walter Austin	
STREET ADDRESS		4.3 STREET ADDRESS 2563 Twitty Pink Way	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Clearwater, FL 33761	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 and the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* T/D **JERRY H. GROSSMAN T/D** DATE **7/17/99** DAYTIME PHONE # **727-76-6900**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(4111684)

CR2E037 (5/99)