


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005630</b>	
1. Entity Name <b>WOODSONG HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.</b>	

Principal Place of Business <b>3036 WOODSONG LANE CLEARWATER, FL 33761 US</b>	Mailing Address <b>3036 WOODSONG LANE CLEARWATER, FL 33761 US</b>
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01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3509009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUFALINO, RUSSELL DR.  
3000 WOODSONG LANE  
CLEARWATER, FL 33761**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000578902  
01/09/07-80047-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUFALINO, RUSSELL 3000 WOODSONG LN CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TYRONE, ZDRAYKO 3055 WOODSONG LANE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELLING, JACK 3038 WOODSONG LN CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENSON, ROBERT 3078 WOODSONG LN CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Russell Bufalino* 1/4/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #