


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

01-14-2008 90091 010 ****61.25

DOCUMENT # N96000005630
 1. Entity Name
WOODSONG HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.



Principal Place of Business Mailing Address
3036 WOODSONG LANE **3036 WOODSONG LANE**
CLEARWATER, FL 33761 US **CLEARWATER, FL 33761 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-3509009 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUFALINO, RUSSELL DR.
3000 WOODSONG LANE
CLEARWATER, FL 33761

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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: *Russell Bufalino, MD* DATE: *Jan 7, 08*
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

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

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

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 3036 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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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 E Bufalino MD* Date: *2/26/08* Daytime Phone #: *727-7710689*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #