

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

01-23-2003 90084 050 ****61.25

DOCUMENT # N96000005630



1. Entity Name

WOODSONG HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 16041
CLEARWATER FL 33766
US

P.O. BOX 16041
CLEARWATER FL 33766
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3509009**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYRONE, ZDRAYKO
3055 WOODSONG LANE
CLEARWATER FL 33761

Name **DR. RUSSELL BUFALINO**

Street Address (P.O. Box Number is Not Acceptable)
3000 WOODSONG LN

City **CLEARWATER**

FL

Zip Code **33761**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** Delete
NAME **SHELLING, JACK**
STREET ADDRESS **3036 WOODSONG LANE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **PRESIDENT** Change Addition
NAME **RUSSEL BUFALINO**
STREET ADDRESS **3000 WOODSONG LN**
CITY-ST-ZIP **CLEARWATER, FL. 33761** D

TITLE **PD** Delete
NAME **TYRONE, ZDRAYKO**
STREET ADDRESS **3055 WOODSONG LANE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VICE-PRESIDENT** Change Addition
NAME **TYRONE ZDRAYKO**
STREET ADDRESS **3055 WOODSONG LN**
CITY-ST-ZIP **CLEARWATER, FL. 33761** D

TITLE **VD** Delete
NAME **RUSSEL BUFALINO**
STREET ADDRESS **3000 WOODSONG LANE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TREASURER** Change Addition
NAME **JACK SHELLING**
STREET ADDRESS **3036 WOODSONG LN**
CITY-ST-ZIP **CLEARWATER, FL. 33761** D

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ROBERT STEVENSON - SECRETARY** Change Addition
NAME
STREET ADDRESS **3078 WOODSONG LN**
CITY-ST-ZIP **CLEARWATER FL 33761** D

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental reports 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 817, 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:

SIGNATURE REQUIRED *[Signature]*

1-20-03 727-787-5919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)