## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001191

FILED Apr 24, 2006 Secretary of State

Entity Name: WOODSTONE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 4656 7661 CURRENCY DR WINTER PARK, FL 32793 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

P.O. BOX 4656 7661 CURRENCY DRIVE WINTER PARK, FL 32793 ORLANDO, FL 32809

FEI Number: 59-3479102 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROPERTY FIRST, INC.

BERNABE MANAGEMENT SERVICES
BETH PALMER

13627 DORNCOK DRIVE

ORLANDO, FL 32828 US

BERNABE MANAGEMENT SERVICES
YETSABEL BERNABE
7661 CURRENCY DR
ORLANDO, FL 32809 US

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.

in the State of Florida.

SIGNATURE: Y BERNABE 04/24/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition
Name: WISVIEWSKI, PAUL Name: ACOSTA, GISELA

 Address:
 8005 ELMSTONE CIR.
 Address:
 7885 ELMSTONE CIR.

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32822

Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: MARRERO, ADA Name:

 Name
 Name

 Address:
 8016 ELMSTONE CIR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: PEREZ, JOSE Name: PEREZ, JOSE

Address: 8009 ELM STONE CIRCLE Address: 8001 ELM STONE CIRCLE
City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 WHITFIELD, SANDY
 Name:
 KINGSLAND, EMMA

 Address:
 7985 OAKSTONE CT.
 Address:
 7951 OAKSTONE CT.

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ADA MARRERO PD 04/24/2006