


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 040 ***150.00

DOCUMENT # N99000003404

1. Entity Name
WOODHAVEN ESTATES VILLAS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**14601 TAMIAMI TRAIL
 N. PORT, FL 34287**

Mailing Address
**14601 TAMIAMI TRAIL
 N. PORT, FL 34287**

24033011

2. Principal Place of Business
4344 Laura Street

3. Mailing Address
4344 Laura Street

Suite, Apt. #, etc.



03302004 Chg-NP CR2E037 (10/03)

City & State
Charlotte Harbor, Fl

City & State
Charlotte Harbor, Fl

4. FEI Number
65-0947259

Applied For
 Not Applicable

Zip
33980

Country
US

Zip
33980

Country
US

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

6. Name and Address of Current Registered Agent

**ELMY, ROBERT A
 14601 TAMIAMI TRAIL
 N. PORT, FL 34287**

7. Name and Address of New Registered Agent

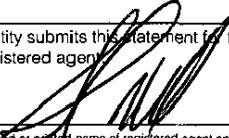
Name
Glenn N. Siegel, P.A.

Street Address (P.O. Box Number is Not Acceptable)
18501 Murdock Circle, Suite 304

City
Port Charlotte

FL Zip Code
33948

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, 2004**

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

Make check payable to Florida Department of State

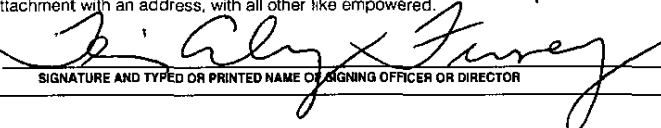
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELMY, ROBERT A	
STREET ADDRESS	14601 TAMIAMI TRAIL	
CITY-ST-ZIP	N. PORT, FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMY, TERRI	
STREET ADDRESS	14601 TAMIAMI TRAIL	
CITY-ST-ZIP	N. PORT, FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, CHARLES	
STREET ADDRESS	14601 TAMIAMI TRAIL	
CITY-ST-ZIP	N. PORT, FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P,D Terry (Elmy) Finney	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4344 Laura Street	
CITY-ST-ZIP	Charlotte Harbor, Fl 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Date **3-30-04** Daytime Phone # **941-915-2641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR