

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003404

FILED
Mar 21, 2005
Secretary of State

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

Current Principal Place of Business:

4344 LAURA STREET
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

1050 CORPORATE AVE
SUITE 105
NORTH PORT, FL 34289

Current Mailing Address:

4344 LAURA STREET
PORT CHARLOTTE, FL 33980

New Mailing Address:

1050 CORPORATE AVE
SUITE 105
NORTH PORT, FL 34289

FEI Number: 65-0947259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, GLENN N PA
18501 MUROCK CIRCLE, STE 306
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELMY, ROBERT A
Address: 14601 TAMIAMI TRAIL
City-St-Zip: N. PORT, FL 34287

Title: PD (X) Delete
Name: FINNEY, TERRY
Address: 4344 LAURA STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D (X) Delete
Name: ALLEN, CHARLES
Address: 14601 TAMIAMI TRAIL
City-St-Zip: N. PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ELMY, TERRI W
Address: 1050 CORPORATE AVE., SUITE 105
City-St-Zip: N. PORT, FL 34289

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRI W ELMY

D

03/21/2005

Electronic Signature of Signing Officer or Director

_____ Date