
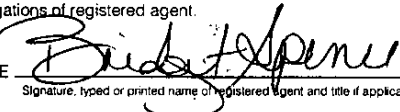
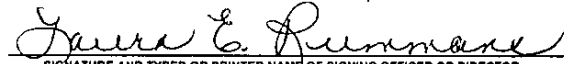


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90170 017 ****61.25

DOCUMENT # N99000003404			
1. Entity Name WOODHAVEN ESTATES VILLAS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1050 CORPORATE AVE SUITE 105 NORTH PORT, FL 34289		Mailing Address 1050 CORPORATE AVE SUITE 105 NORTH PORT, FL 34289	
2. Principal Place of Business		3. Mailing Address 4370 S. TAMiami TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 102	
City & State		City & State SARASOTA, FL 34231	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPENCE, BRIDGET 43705 S TAMiami TRAIL SUITE 156 SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name CASEY CONDOMINIUM MGMT Street Address (P.O. Box Number is Not Acceptable) 4370 S. TAMiami TRAIL 102 City SARASOTA FL Zip Code 34231	
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 4-26-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P LAURA RUMMANS 1312 HEDGEWOOD CIRCLE NORTH PORT, FL 34288	
		VPD BILL KOENIG 1435 MIMS COURT NORTH PORT, FL 34288	
		TD TOM EGGLESTON 5943 FAIRLANE DRIVE NORTH PORT, FL 34288	
		D BUTCH LEIBY 1351 HEDGEWOOD CIRCLE NORTH PORT, FL 34288	
		SD SIDNEY DUREN 1332 HEDGEWOOD CIRCLE NORTH PORT, FL 34288	
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: 		Date 4/26/05 Daytime Phone # 941 429 1933	