2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State

DOCUMENT # N47863 1. Entity Name WOODFIELD OAKS COMMUNITY ASSOCIATION, INC. Principal Place of Business BO DOW 1335								02-23-		_	OI ST)40 ****7	
P.O. BOX 112 Clarcona, F			OX 1125 Ona, FL 32710	US			I I TTI (ITTI A II	9 (8) 1 2 1 3 12 12		i li zie ji efe	II EIE N e ien fie	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02122004	Chg-NP	ı	CR2E03	37 (10/03)	
City & State		City & State					FO 2074000			plied For t Applicable		
Zip	Country	Zip		Cou	ntry		5. Certificate	of Status De	esired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered	Agent				7. Name and	Address of	New Reg	istered #	gent	
COTE AM	v				Name	~				-		
COTE, AMY 1440 CRAWFORD DR. APOPKA, FL 32703				Street Address (P.O. Box Number	er is Not Acc	ceptable)			
				ŀ	City					FL	Zip Code	e
	named entity submits this statement ions of registered agent.	for the purpos	se of changing its re	egistere	ed office or i	registere	ed agent, or bot	th, in the Sta	te of Floric	da.lami	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag-	ant and title if another										
		an and and appare	abne. (NOTE:F	registered	d Agent signatur	re required	when reinstating)	r		DATE	a gradien i die	Sheller gran
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Camp Trust Fund Co	oaign Fi	inancing		\$5.00 May B	le	Mal	ce checi	c payable t	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIHUY !

407494274 Daytime Phone #