


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90524 002 \*\*\*\*61.25

<b>DOCUMENT # N94000003111</b>	
<b>1. Entity Name</b>	
WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
C/O PENN FIRST MANAGEMENT 1813 N.DEAN RD. ORLANDO FL 32817 US	C/O PENN FIRST MANAGEMENT 1813 N.DEAN RD. ORLANDO FL 32817 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
PENN FIRST - BOYLE MGMT Suite, Apt. #, etc. 498 Palm Spgs Dr #235	PENN FIRST - BOYLE MGMT Suite, Apt. #, etc. 498 Palm Spgs Dr #235
<b>City &amp; State</b> Altamonte Spgs FL	<b>City &amp; State</b> Altamonte Spgs FL
<b>Zip</b> 32701	<b>Zip</b> 32701
<b>Country</b> USA	<b>Country</b> USA

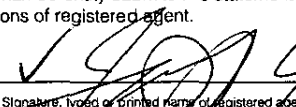


MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>	
SHEELER, LAWRENCE M C/O PENN FIRST MANAGEMENT, INC. 1813 N. DEAN RD. ORLANDO FL 32817	

<b>4. FEI Number</b> 58-2118447	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name: PENN FIRST - BOYLE MANAGEMENT	
Street Address (P.O. Box Number is Not Acceptable) 498 Palm Springs Dr, Suite 235	
City Altamonte Spgs	Zip Code 32701

**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.**

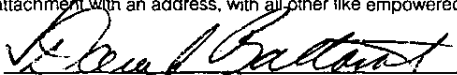
SIGNATURE:  JAMES W. BOYLE, PRES 4/5/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> BOTTOMLEY, DAVID <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 305 WOODBURY PINES CIRCLE	<b>CITY-ST-ZIP</b> ORLANDO FL 32828	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> SD	<b>NAME</b> LIEBOLD, GLENN <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 232 WOODBURY PINES CIR.	<b>CITY-ST-ZIP</b> ORLANDO FL 32828	<b>STREET ADDRESS</b> 131 WOODBURY PINES CIR.	<b>CITY-ST-ZIP</b> ORLANDO, FL 32828
<b>TITLE</b> TD	<b>NAME</b> CHERRY, TRACY <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 409 WOODBURY PINS CIR.	<b>CITY-ST-ZIP</b> ORLANDO FL 32828	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:**  22 94 04/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #