2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005
Secretary of State

DOCUMENT# N47863

Entity Name: WOODFIELD OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1125
CLARCONA, FL 32710 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1125
CLARCONA, FL 32710 US

New Mailing Address:

FEI Number: 59-3074393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COTE, AMY
1440 CRAWFORD DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

WILSON, W T
1241 WOODFIELD OAKS DR
APOPKA, FL 32703 US

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: W.T.WILSON 06/27/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OGLE, SARAH
Address: 1556 WOODFIELD OAKS DR
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete
Name: FRIEND, BRUCE
Address: 1442 WOODFIELD OAKS DR
City-St-Zip: APOPKA, FL 32703

Title: TS ( ) Delete
Name: WISSEL, JOHN
Address: 1565 WOODFIELD OAKS DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILSON, W T
Address: 1241 WOODFIELD OAKS DR
City-St-Zip: APOPKA, FL 32703

Title: VPD (X) Change ( ) Addition
Name: FLEMING, OMAYRA
Address: 1408 CRAWFORD DR
City-St-Zip: APOPKA, FL 32703

Title: TS (X) Change ( ) Addition
Name: OLSON, NORENE
Address: 1232 WOODFIELD OAKS DR
City-St-Zip: APOPKA, FL 32703

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: W.T. WILSON P 06/27/2005
Electronic Signature of Signing Officer or Director Date