

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004921

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** WOODS EDGE CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1731 NW 6TH ST  
SUITE A  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

4802 SW 85TH AVE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

PO BOX 14506  
GAINESVILLE, FL 32604

**New Mailing Address:**

P.O. BOX 142124  
GAINESVILLE, FL 32614

**FEI Number:** 57-1210129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WESTON BAUR/ED BAUR MANAGEMENT, INC.  
DBA FLORIDA COMMUNITY MGMT  
1731 NW 6TH ST SUITE A  
GAINESVILLE, FL 32609 US

**Name and Address of New Registered Agent:**

REALTY SOLUTIONS OF NORTH FLORIDA, INC  
4802 SW 85TH AVE  
GAINESVILLE, FL 32608 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: KATHIE TROIANO

04/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, TREY  
Address: 1213 NW 55TH STREET, UNIT 1  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: T ( ) Delete  
Name: HARKISOON, SHARAN  
Address: 1217 NW 55TH STREET, UNIT 2  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP ( ) Delete  
Name: RUTHIE, GENE  
Address: 1213 NW 55TH ST UNIT 4  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 exemption stated 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 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: TREY JOHNSON

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date