


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90119 039 ****61.25

DOCUMENT # N94000003111	
1. Entity Name WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business BOYLE MGMT SERVICES, INC. 498 PALM SPRINGS DR #235 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address BOYLE MGMT SERVICES, INC. 498 PALM SPRINGS DR #235 ALTAMONTE SPRINGS, FL 32701 US
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2118447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOYLE, JAMES W C/O BOYLE MGMT SERVICES, INC. 498 PALM SPRING DR., SUITE 235 ALTAMONTE SPRINGS, FL 32701

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTTOMLEY, DAVID 305 WOODBURY PINES CIRCLE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BANTHER, DEBORAH 131 WOODBURY PINES CIR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AWTREY, HALA 377 WOODBURY PINE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Hala Awtrey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>04-21-08</u>	Daytime Phone #: <u>407-381-9459</u>
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