

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766494

Entity Name: WELLS RIDGE/WOODSIDE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**PROFESSIONAL COMMUNITY MGT, INC
786 BLANDING BLVD #118
ORANGE PARK, FL 32065**Current Mailing Address:**PROFESSIONAL COMMUNITY MGT, INC
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 US**FEI Number:** 59-2373023**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PERRY, ALAN
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DT
Name	PALMER, MICHAEL H
Address	PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #118
City-State-Zip:	ORANGE PARK FL 32065
Title	S, SECRETARY
Name	HODGE, WILLIAM
Address	PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #118
City-State-Zip:	ORANGE PARK FL 32065

Title	PD
Name	OLEARY, STEVEN
Address	PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #118
City-State-Zip:	ORANGE PARK FL 32065
Title	VPD
Name	OHNECK, PAUL
Address	PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD #118
City-State-Zip:	ORANGE PARK FL 32065

I hereby 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 all other like empowered.

SIGNATURE: STEVEN OLEARY

PD

04/04/2018

Electronic Signature of Signing Officer/Director Detail_____
Date