2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09030

Entity Name: WOODSHIRE HOMEOWNERS ASSOCIATION, INC.

FILED
Aug 23, 2013
Secretary of State
CC6158625039

Current Principal Place of Business:

4851 TAMIAMI TRAIL N SUITE 400 NAPLES, FL 34103

Current Mailing Address:

4851 TAMIAMI TRAIL N SUITE 400 NAPLES, FL 34103 US

FEI Number: 59-2519162 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPASS GROUP PROPERTY MANAGMENT 4851 TAMIAMI TRAIL N SUITE 400 NAPLES, FL 34103 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: JERRY SCHROER 08/23/2013

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VF

Name SCHROER, JERRY Name CSOGI, BILL

Address 4851 TAMIAMI TRAIL N Address 4851 TAMIAMI TRAIL N

SUITE 400 SUITE 400

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title S Title T

Name GINTER, NANCY Name O'REILLY, MICHAEL

Address 4851 TAMIAMI TRAIL N Address 4851 TAMIAMI TRAIL N

SUITE 400 SUITE 400

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title D Title D

Electronic Signature of Signing Officer/Director Detail

Name COFFIN, LEN Name HEDENSTROM, JOEL

Address 4851 TAMIAMI TRAIL N Address 4851 TAMIAMI TRAIL N

SUITE 400 SUITE 400

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

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.