

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09030

**Entity Name:** WOODSHIRE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC9845505172**

**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**

**04/29/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHROER, JERRY  
Address 4851 TAMIAMI TRAIL N  
SUITE 400  
City-State-Zip: NAPLES FL 34103

Title VP  
Name CSOGI, BILL  
Address 4851 TAMIAMI TRAIL N  
SUITE 400  
City-State-Zip: NAPLES FL 34103

Title S  
Name GINTER, NANCY  
Address 4851 TAMIAMI TRAIL N  
SUITE 400  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name LINDEN , DUANE  
Address 4851 TAMIAMI TRAIL N  
SUITE 400  
City-State-Zip: NAPLES FL 34103

Title D  
Name WILDEY , GEORGE  
Address 4851 TAMIAMI TRAIL N  
SUITE 400  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name HEDENSTROM, JOEL  
Address 4851 TAMIAMI TRAIL N  
SUITE 400  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name CASALE , EDDIE  
Address 4851 N TAMIAMI TRAIL  
STE 400  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name CASALE , EDDIE  
Address 4851 N TAMIAMI TRAIL  
STE 400  
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.*

**SIGNATURE: JERRY SCHROER**

**PRESIDENT**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date